



LEICESTERSHIRE COUNTY COUNCIL

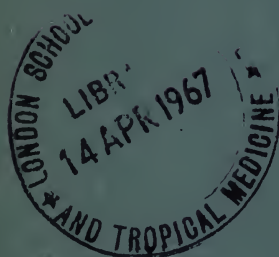
Annual Report

OF THE MEDICAL
OFFICER OF HEALTH
FOR THE YEAR

1936

J. A. FAIRER, M.D., D.P.H.
COUNTY MEDICAL OFFICER

64941



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17, Friar Lane,
Leicester.

MR. CHAIRMAN AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the Public Health Services of the County for the year 1936.

The only change in the personnel of the staff has been the appointment of Dr. A. A. Lisney, who commenced duty on January 1st, 1936, as Assistant School Medical Officer in place of Dr. D. G. Anderson who was appointed Medical Officer of Health to the Northern part of Herefordshire.

Taken as a whole the statistics for the year are not quite so satisfactory as in 1935, though there are one or two outstanding exceptions.

Although the death rate of 11.28 compares favourably with that of 12.1 for the country as a whole, it is nevertheless slightly in excess of that for the county last year. The number of deaths from heart disease continues to rise but it is gratifying to note that there is a slight decrease in the number of deaths from cancer. The death rate from Phthisis again shows a decrease and the figure for 1936 is the lowest on record.

The 1936 Infant Mortality Rate of 52 per thousand births is slightly higher than for the previous year, though it compares favourably with the rate of 59 for England and Wales. For the first time on record the death rate of illegitimate births has fallen below that of the legitimate and is only half what it was in 1935.

The Birth Rate shows a very slight increase on that for 1935 and is exactly the same as that for the country as a whole—the respective figures being 14.3, and 14.8 for the County during the past two years, and 14.7 and 14.8 for England and Wales during the same period. The ratio of male to female births was 107.3 to 100 in 1936 as compared with 104.5 to 100 during the previous year.

With reference to infectious diseases, the Zymotic deaths numbered 59 as compared with 58 last year. There was an increase in the number of cases of Whooping Cough, Chicken Pox and Diphtheria, while Scarlet Fever and Measles showed a decrease.

The persistence of Diphtheria in endemic form during 1936 has resulted in 386 cases being notified and the occurrence of 32 deaths. During the past three years the notifications have been 150, 286 and 386 respectively, while the deaths for the same period have numbered 13, 22 and 32. As I have stressed previously, it is all important that diagnosis and treatment should be early in these cases and parents should consult their own doctors immediately in all suspicious cases of sore throat, especially when Diphtheria is prevalent in the district. I am hoping that a scheme for immunization against Diphtheria will be universally adopted in the County in the near future so that parents can avail themselves of the opportunity of having their children protected.

A circumscribed outbreak of epidemic Catarrhal Jaundice occurred in the County towards the end of 1936. It is now some years since there was a similar epidemic and although the illness may be severe the death rate for this disease is low. Fortunately no deaths occurred in the recent outbreak. Dr. Lisney carried out a special investigation into the epidemic and an article written by him giving full details of the findings was published in *The British Medical Journal* of April 3rd, 1937.

On January 1st, 1936, the ramifications of the Maternity and Child Welfare Service were extended to include arrangements for Ante-Natal examination of uninsured women, the provision of consultants for complicated maternity cases and more complete arrangements for hospital treatment.

The relatively new Accredited Milk scheme continued to make progress and the number of licences issued during the year showed an increase. This has entailed a considerable amount of work on the part of one of the Medical Officers and the County Sanitary Inspector, and, as I pointed out before, the steady growth of this work will necessitate further assistance in the near future.

I am indebted to Dr. K. Cowan and Dr. A. A. Lisney for the compilation of this Report and I take this opportunity to tender my grateful thanks to the whole of my Medical, Sanitary and Clerical Staff for their zealous and enthusiastic support throughout the year.

To the Chairman and all members of the Committee I should like to say how much I appreciate the help and kind consideration which I have received at all times.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient servant,

J. A. FAIRER,
County Medical Officer of Health.

June, 1937

**THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE,
1936.**

J. W. BLACK, Esq. (*Chairman*).

ABBOTT, W.	PHILLIPS, Mrs. M. L.
ARMSTRONG, A. E.	PICKERING, C. H.
FORSELL, J. T. (<i>Vice-Chairman</i>)	POCHIN, V. R. (<i>ex-officio</i>)
FULLER, B.	PRATT, J.
HOLMES, J. H.	RIPPIN, W. H.
HUBBARD, B.	TANDY, E. W.
LEVERS, G. T. (<i>decd. Feb., 1936</i>)	TOMPKINS, A. J.
MARTIN, Lt.-Col. R. E., C.M.G. (<i>ex-officio</i>)	WARNER, Mrs. E. M.
MAWBY, G. H.	WILLETT, F.
PARSONS, C. H.	WILSON, C.
	WRIGHT, W. H.

MATERNITY AND CHILD WELFARE COMMITTEE.

This Committee consists of all the members of the Public Health and Housing Committee with the addition of the following ladies:—

Mrs. A. SHIRLEY ATKINS.
Mrs. E. E. BUCKINGHAM.
Mrs. B. EVERARD.
Mrs. S. M. JOYCE.
Mrs. G. SPENCER.
Mrs. W. R. TUCKETT.

STAFF.

County Medical Officer :

School Medical Officer :

Administrative Officer for Tuberculosis and Maternity and Child Welfare :

J. A. FAIRER, M.D., D.P.H.

Deputy County Medical Officer :

Deputy School Medical Officer :

K. COWAN, M.D., D.P.H.

Assistant County Medical Officer :

Senior Assistant School Medical Officer :

A. A. LISNEY, M.A., M.B., D.P.H.

Chief Tuberculosis Officer :

N. A. COWARD, O.B.E., M.D., D.P.H.

Assistant Tuberculosis Officer :

S. W. LANE, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Infant Welfare Officer :

Assistant School Medical Officer :

MARY E. WESTON, M.B., B.S.

Assistant Infant Welfare Officer :

County Oculist :

CONSTANCE WALTERS, B.Sc., M.B., B.Ch.

Assistant School Medical Officers :

S. E. MURRAY, M.B., B.S.

J. B. DALTON, M.B., Ch.B.

Medical Superintendent, Markfield Sanatorium :

H. SELBY, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Resident Medical Officers, Markfield Sanatorium :

J. EGAN, M.B., B.Ch.

C. G. BREE, M.R.C.S., L.R.C.P. (*temporary*)

(*resigned 18/4/36.*)

H. E. C. SUTTON, M.B., Ch.B.

(*appointed 15/4/36.*)

Chief Dental Surgeon :

P. ASHTON, L.D.S.

Assistant Dental Surgeons :

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILCOX, L.D.S.

L. D. SMITH, L.D.S.

County Sanitary Inspector :

W. W. BAUM, M.R.San.I., F.S.I.A.

HEALTH VISITORS.

†*Mrs. A. WARREN, S.R.N. (*Superintendent*).

Miss A. Addy, S.R.N.	†Miss M. A. Dilworth, S.R.N.
Mrs. A. D. Antrobus, S.R.N.	Miss G. E. Earl, S.R.N.
Miss A. J. Bailey, S.R.N.	(<i>Commenced 1/9/36.</i>)
(<i>resigned 30/8/36.</i>)	Miss E. Y. Feakin, S.R.N.
Miss C. E. Bangham, S.R.N.	Miss J. L. Fox, S.R.N.
Mrs. S. J. Bourne, S.R.N.	Miss T. M. Griffiths, S.R.N.
Mrs. P. Brunsdon, S.R.N.	*Miss K. A. Marsh, S.R.N.
*Miss G. E. Butler, S.R.N.	†Miss W. C. Porter, S.R.N.
(<i>Assistant Superintendent</i>)	Miss E. H. Seabrook.
*Mrs. F. E. M. Cade.	Miss W. A. Simmons, S.R.N.
†Miss G. I. Carryer, S.R.N.	Mrs. E. E. Wright, S.R.N.
Miss V. L. Davies, S.R.N.	

Those marked * hold the Certificate of Sanitary Inspector.

Those marked † are Inspectors of Midwives.

All the above are fully trained Nurses and hold the Certificate of the Central Midwives' Board. The Superintendent also holds the Child Welfare Workers' Certificate. Miss Butler, Miss Bangham, Miss Carryer, Miss Davies, Miss Earl, Miss Feakin, Miss Addy and Miss Porter, have the new Health Visitors' Certificate of the Ministry of Health.

All the above are full-time Officers of the County Council.

ADDITIONAL OFFICERS.

(1) District Medical Officers of Health.

URBAN.

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch	Dr. T. Forsyth Hugglescote.
Ashby Woulds	Dr. T. Forsyth Hugglescote.
Coalville	Dr. A. Hamilton Coalville.
Hinckley	Dr. J. H. Donnell Hinckley.
Loughborough	Dr. N. B. M. Blackham Loughborough.
Market Harborough	Dr. C. T. Scott Market Harborough.
Melton Mowbray	Dr. J. E. O'Connor Kirby Muxloe.
Oadby	Dr. J. E. O'Connor Kirby Muxloe.
Shepshed	Dr. A. Segerdal Coalville.
	(<i>Appointed 1/1/36.</i>)
Wigston	Dr. J. E. O'Connor Kirby Muxloe.

RURAL.

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch	Dr. T. Forsyth Hugglescote.
Barrow-on-Soar	Dr. J. E. O'Connor Kirby Muxloe.
Billesdon	Dr. J. E. O'Connor Kirby Muxloe.
Blaby	Dr. J. E. O'Connor Kirby Muxloe.

ADDITIONAL OFFICERS—RURAL (*continued*).

DISTRICT.		NAME AND ADDRESS.	
Castle Donington	....	Dr. T. M. Montford	Castle Donington.
Hinckley	....	Dr. J. E. O'Connor	Kirby Muxloe.
<i>(Abolished as from 1/4/36. Part transferred to Hinckley U.D., part to Blaby R.D., and part to Mkt. Bosworth R.D.)</i>			
Loughborough	....	Dr. N. B. M. Blackham	Loughborough.
<i>(Abolished as from 1/4/36. Part transferred to Loughborough U.D. and part to Castle Donington R.D.)</i>			
Lutterworth	....	Dr. J. E. O'Connor	Kirby Muxloe.
Market Harborough	....	Dr. J. S. Macbeth	Kibworth Beauchamp.
Market Bosworth	....	Dr. T. G. Kelly	Desford.
Melton & Belvoir R.D.	....	Dr. J. E. O'Connor	Kirby Muxloe.

(2) District Medical Officers (Poor Law) and Public Vaccinators.

Bottesford	....	Dr. H. Royle, Bottesford, Notts.
Croxtan Kerrial	....	Dr. R. H. Hudson, Woolsthorpe, Grantham.
Waltham	....	Dr. M. W. Atkinson, Waltham-on-the-Wolds, Melton Mowbray.
Long Clawson	....	Dr. G. C. B. Atkinson, Long Clawson, Melton Mowbray.
Wymondham	....	Dr. H. S. Furness, Melton Mowbray.
Asfordby	....	Dr. G. S. A. Bishop, Melton Mowbray.
Melton Mowbray	....	Dr. R. H. Fagge, Melton Mowbray. <i>(Resigned 30/9/36.)</i> Dr. G. S. A. Bishop, Melton Mowbray. <i>(Appointed 1/10/36.)</i>
Somerby	....	Dr. R. J. Mould, Somerby, Melton Mowbray.
Loughborough	....	Dr. C. L. Lapper, 25 Victoria Street, Loughborough.
Shepshed	....	Dr. T. Bell, Shepshed, Loughborough. <i>(Resigned 31/12/35.)</i> Dr. R. M. Paterson, Brooklyn, Shepshed. <i>(Appointed 14/1/36.)</i>
Castle Donington	....	Dr. W. H. Dowell, Castle Donington, Derby. <i>(Resigned 31/3/36.)</i> Dr. T. M. Montford, Castle Donington. <i>(Appointed 1/4/36.)</i>
Mountsorrel	....	Dr. J. S. Strachan, Mountsorrel, Loughborough.
Barrow-on-Soar	....	Dr. J. S. Gray, Sileby, Loughborough.
Sileby	....	Dr. J. S. Gray, Sileby, Loughborough.
Syston	....	Dr. R. W. Taylor, Syston, Leicester. <i>(Resigned 30/9/36.)</i> Dr. A. M. Macintosh, Barkby, Leicester. <i>(Appointed 1/10/36.)</i>
Billesdon	....	Dr. E. K. Williams, Billesdon, Leicester.
Hallaton	....	Dr. P. Drummond, Hallaton, Mkt. Harborough.

ADDITIONAL OFFICERS—RURAL (*continued*).

DISTRICT.		NAME AND ADDRESS.
Market Harborough		
No. 1	....	Dr. R. G. Keays, Market Harborough.
No. 2	....	Dr. J. S. Macbeth, Kibworth Beauchamp, Leicester
Wigston	....	Dr. S. B. Couper, Blaby, Leicester.
Enderby	....	Dr. W. R. M. Berridge, Enderby, Leicester.
Lutterworth	....	Dr. T. W. Crowley, Lutterworth Rugby.
Peatling	....	Dr. E. Bromley, Peatling Magna, Leicester.
Hinckley	....	Dr. H. Shirlaw, Hinckley.
Market Bosworth	....	Dr. H. N. Keeling, Market Bosworth, Nuneaton.
Ibstock	....	Dr. C. S. Agnew, Ibstock, Leicester.
Ashby-de-la-Zouch	....	Dr. H. H. Silley, Ashby-de-la-Zouch.
Coalville	....	Dr. T. Forsyth, Hugglescote.
Measham	....	Dr. J. R. Salmond, Appleby Magna, Burton- on-Trent.

DISTRICT SANITARY INSPECTORS.

URBAN DISTRICTS :

DISTRICT.		NAME AND ADDRESS.
Ashby-de-la-Zouch	....	Marlow, G. E., Council Offices, Ashby-de-la-Zouch
Ashby Woulds	....	Woodhall, P. C., Council Offices, Moira.
Coalville	....	Greenwood, B., Council Offices, Coalville.
Hinckley	....	Melson, E., Council Offices, Hinckley.
Loughborough	....	Bintcliffe, H., Council Offices, Loughborough.
Market Harborough	....	Elliott, B. G., Council Offices, Mkt. Harborough.
Melton Mowbray	....	Jarvis, W., Council Offices, Melton Mowbray.
Oadby	....	Fryer, G. E., Council Offices, Oadby.
Shepshed	....	Jones, R. B., Council Offices, Shepshed.
Wigston	....	Ashbridge, F. B., Council Offices, Wigston.

RURAL DISTRICTS :

DISTRICT.		NAME AND ADDRESS.
Ashby-de-la-Zouch	....	Cook, J. P., Rural District Council Offices, Ashby-de-la-Zouch.
Barrow-on-Soar	(1)	Dean, G. T., 133 Loughborough Rd., Leicester.
„ „ „ „	(2)	Curtis, W. C. H., 133 Loughborough Road, Leicester.
Billesdon	....	Shimmin, S., 5 New Street, Leicester.
Blaby	....	Stevens, A. H., Council Offices, Narborough.
Castle Donington	....	Bagguley, H. B., Council Offices, Castle Donington.
Lutterworth	....	Berridge, G., Council Offices, Lutterworth.
Market Harborough	....	Smith, S. P., Council Offices, Kibworth.
Market Bosworth	....	Bailey, W., Council Offices, Market Bosworth.
Melton Mowbray	....	Hesford, L., Nottingham St., Melton Mowbray.

OTHER OFFICERS.**(3) Vaccination Officers.**

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch	Baker, W. S., Ashby-de-la-Zouch.
Billesdon	Fordham, W. J., Market Harborough.
Enderby	Collis, A., Narborough.
Hinckley	Pendlebury, W. H., Hinckley.
Loughborough	Milner, A. L., Loughborough.
Lutterworth	Webb, H., Lutterworth.
Market Harborough	Fordham, W. J., Market Harborough.
Market Bosworth	Hunt, E. L., Ibstock.
Measham	Leslie, D., Measham.
Melton (North)	Cox, E. S., Melton Mowbray.
Melton (South)	Lock, H. N., Melton Mowbray.
Mountsorrel	Cannell, S. G., Quorn.
Syston	Williams, A. E., Syston.
Wigston	Farrar, W. W., South Wigston.

(4) Veterinary Service.

County Veterinary Officer :

Mr. G. DURRANT, B.V.Sc., M.R.C.V.S., D.V.H., 6 St. Martin's,
Leicester.

District Veterinary Officers :

Mr. J. G. CROWHURST, M.R.C.V.S.
Mr. W. L. WILSON, M.R.C.V.S.
Mr. J. M. FRASER, M.R.C.V.S., D.V.S.M.
Mr. E. R. GREENWOOD, M.R.C.V.S.

The Offices of the Health Department are divided into four main sections :—

General, and Maternity and Child Welfare :

Chief Clerk (H. Burditt) and seven assistants.

Tuberculosis :

Chief Clerk and Steward, Markfield Sanatorium
(H. Collington) and three assistants.

School Medical Service :

Chief Clerk (W. A. Thornton) and three assistants
There are also five assistants to the Dental Surgeons.

Laboratory :

Chief Assistant (J. N. Graham) and two assistants

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres	....	....	515,408	....	....	{ Urban 56,860 Rural 458,548
Population (Census 1931)	....	....	....	....	....	302,692
„ Urban			121,244			
„ Rural			181,448			
„ Estimated Resident (June, 1936)	....	....	....	....	....	297,600
„ Urban			139,337			
„ Rural			158,263			
* „ Specially estimated for statistical purposes					....	297,600
„ Urban			134,228			
„ Rural			163,372			
Number of inhabited houses (1931)	....	....	....	....	....	76,088
Number of families or separate occupiers	....	....	....	....	....	78,103
Reduced rateable value	....	....	....	....	....	£1,361,433
Sum represented by a penny rate	....	....	....	....	....	£5,239

* In consequence of revision of boundaries under Local Government Act, 1929.

SOCIAL CONDITIONS OF THE COUNTY.

The population of the County may be divided occupationally into three main groups, agricultural, industrial and mining. The manufacture of boots and shoes, worsted and cotton hose and elastic web is carried on in many of the towns and villages. A fairly well defined mining district occupies the North-Western area of the County.

In addition to the workers employed in the County many hundreds of others travel to and from the City of Leicester daily not only from districts adjacent to the City but from all parts of the County.

During the year there have been definite signs of a decrease in the unemployment which accompanied the recent prolonged industrial depression and the returns received from the medical inspection of school children reveal that the health of the school child has not been adversely affected to any marked degree as the result of the industrial setback.

EXTRACT FROM THE VITAL STATISTICS OF THE YEAR.

				Total.	Males.	Females.
Live Births	{	Legitimate ....	....	4,285	2,220	2,065
		Illegitimate ....	....	134	67	67
		Total Births	....	4,419	2,287	2,132

Birth Rate per 1,000 of population, 14.8.

Still Births : Total 179.

Rate per 1,000 total births : 38.9

Deaths : Total 3,358. Death Rate : 11.28.

Number of women dying in or in consequence of childbirth :

Sepsis 6. Other causes, 12. Total, 18.

Rate per 1,000 total births : 3.91.

Deaths of infants under one year of age per 1,000 live births :

Legitimate, 52.5. Illegitimate, 45.

Total Rate per 1,000, 52.

Deaths from Measles (all ages)	....	....	....	....	....	1
„ „ Whooping Cough (all ages)	....	....	....	....	....	11
„ „ Diarrhoea (under 2 years)	....	....	....	....	....	12

INFANT MORTALITY.

The Infant Mortality Rate for 1936 is returned as 52, which is an increase on the figure of 51 recorded last year. The rate for England and Wales for the same period is 59.

INFANT MORTALITY.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No	Rate	No	Rate	No	Rate	
1932	117	63	169	57	286	59	65
1933	107	63	134	49	241	54	64
1934	69	37	125	43	194	41	59
1935	90	53	131	50	221	51	57
1936	107	53	124	52	231	52	59

Although there is a slight increase in the Infant Mortality Rate during the year it is satisfactory to note that the figure for the County is well below that for England and Wales.

DEATHS.

The Death Rate of the County (11.28) shows an increase upon that for the preceding year (10.83). The death rate for England and Wales for 1936 is 12.1.

The total number of deaths in the County in 1936 was 3,358 as compared with 3,251 in 1935.

The seven chief causes of death with the corresponding percentages of total deaths were :—

(1)	Heart Disease	....	25.0
(2)	Cancer	....	13.1
(3)	Cerebral Haemorrhage		7.0
(4)	Senility	....	5.0
(5)	Pneumonia	....	4.7
(6)	Phthisis	....	4.7
(7)	Congenital Debility	....	4.6

The number of deaths from Heart Disease shows an increase both in the percentage relative to the number of deaths and in the actual death rate. The number of deaths which occurred from Heart Disease has increased from 731 in 1935 to 840 in 1936.

It is gratifying to note that there has been a decrease in the number of deaths from cancer, the number in 1935 being 444 and in 1936, 441.

There has again been a decrease in the number of deaths from Phthisis and the death rate has decreased from 0.54 to 0.53. The actual decrease in the number of deaths as compared with last year was 4.

The number of deaths from Pneumonia and Congenital Debility show an increase and the death rates are 0.53 and 0.52 respectively as compared with 0.48 and 0.46 in 1935.

TABLE OF THE SEVEN CHIEF CAUSES OF DEATH.

The Seven Chief Causes of Death	URBAN		RURAL		WHOLE COUNTY		Percentage of Total Deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole C'ty
Heart Disease	370	2.76	470	2.88	840	2.82	24.4	25.4	25.0
Cancer	206	1.54	235	1.44	441	1.48	13.6	12.7	13.1
Cerebral Hæmorrhage	125	0.93	110	0.67	235	0.79	8.3	6.0	7.0
Senility	87	0.65	82	0.50	169	0.57	5.8	4.4	5.0
Pneumonia	61	0.46	97	0.59	158	0.53	4.0	5.3	4.7
Phthisis	73	0.54	84	0.51	157	0.53	4.8	4.5	4.7
Congenital Debility	69	0.51	87	0.53	156	0.52	4.6	4.7	4.6

The following Table shows the net number of registered deaths with corresponding rates (Urban and Rural) in Leicestershire and England and Wales during the five years 1932-36 :—

DEATHS.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	Net. No. Reg'ed	Rate	Net. No. Reg'ed	Rate	Net. No. Reg'ed	Rate	
1932	1392	11.41	2059	11.14	3451	11.25	12.0
1933	1435	11.72	2069	11.08	3504	11.33	12.3
1934	1253	10.13	1843	9.78	3096	9.92	11.8
1935	1265	10.56	1986	11.01	3251	10.83	11.7
1936	1511	11.26	1847	11.30	3358	11.28	12.1

During the whole of this period the Death Rate of the County has been considerably lower than that of England and Wales.

ZYMOTIC DEATHS.

In 1936 the Zymotic Deaths numbered 59. This figure is an increase of one upon that for the previous year.

YEAR	URBAN		RURAL		WHOLE COUNTY	
	No.	Rate	No.	Rate	No.	Rate
1932	32	0.26	34	0.18	66	0.22
1933	20	0.16	30	0.11	50	0.16
1934	23	0.19	29	0.14	52	0.17
1935	28	0.23	30	0.17	58	0.19
1936	34	0.25	25	0.15	59	0.20

BIRTH RATE.

The Birth Rate for 1936 is 14.8 as compared with 14.3 in 1935. The total number of live births was 4,419. Of the recorded births 2,287 were males and 2,132 were females, the ratio of male to female births being 107.3 to 100.

Summary of Birth Statistics, Urban, Rural and Whole County.

Statistical Population for Birth Rate	URBAN		RURAL		WHOLE COUNTY		ENGLAND AND WALES
	134,228		163,372		297,600		
	No.	Rate	No.	Rate	No.	Rate	
Live Births	2,020	15.1	2,399	14.7	4,419	14.8	14.8

NURSING IN THE HOME.

The general nursing services in the County are undertaken by the County Nursing Association in conjunction with the County Council. These services now cover the greater part of the County.

The nursing of suitable home cases of Tuberculosis is carried out by District Nursing Associations under the supervision of the County Nursing Association on behalf of the County Council.

MIDWIVES.

(a) Statistical Particulars.

During the year 226 midwives notified their intention to practise, 9 left the County and 1 died.

Of the 226 County midwives who notified their intention to practise 222 held the certificate of the Central Midwives Board, and the remaining 4 belonged to the *bona fide* classification.

Inspection of the midwives is carried out by four members of the County Health Visiting Staff to each of whom a district is assigned. Three of these officers are specially appointed County Health Visitors, and the fourth is the Superintendent Health Visitor under whose supervision the work in all the districts is undertaken.

The Inspectors made 494 visits during the year. It was not found necessary as a result of these inspections to report any breach of the rules either to the Local Supervising Authority or to the Central Midwives Board.

The annual returns received from the County Midwives were as follows :—

Medical Help Records	....	....	....	....	679
Notice of Liability to be a source of infection	....	....	....	....	50
Laying out of the dead records	....	....	....	....	100
Notice of death of mother or child	Children	....	....	....	20
	Mother	....	....	....	1
Stillbirth records	....	....	....	....	42
Notice re artificial feeding	....	....	....	....	58
Notice of change of address	....	....	....	....	10

The midwives called in medical help in 34.3 per cent. of the cases attended by them.

The chief causes for requesting medical help for the mother were :—Ruptured perineum, 167 ; difficult labour, 130 ; malpresentation, 63 ; raised temperature, 29 ; ante-partum hæmorrhage, 29 ; adherent placenta, 25 ; post-partum hæmorrhage, 17 ; abortion, 10 ; miscarriage, 15 ; albuminuria, 21 ; varicose veins, 12.

The chief causes of help required for the child were :—Discharge from the eyes, 38 ; feebleness, 34 ; prematurity, 17 ; abnormality, 15.

The records show that 3,079 cases were attended by midwives during the year and of this number 1,977 were taken by them alone. In the remaining 1,102 cases both doctor and midwife were in attendance.

(b) Doctor's Fees in Special Cases.

During the year one application was granted for payment of a doctor's fee of £2 . 2 . 0 under these arrangements.

(c) Midwives' Fees.

Applications were received from Certified Midwives in respect of their attendance on 51 necessitous cases. The fees paid varied from twenty-one shillings to thirty-five shillings. Grants under this arrangement amounted to £76 . 7 . 6.

(d) Subsidy to Midwives.

A subsidy to one midwife was authorised by the County Council at a cost not exceeding £21 per annum and was given to the County Nursing Association for distribution.

For general emergency duties in the County, four nurse-midwives are maintained at the County Nurses' Home, Highfield Street, Leicester.

(e) Placing of Midwives.

A grant of £200 is made by the County Council to the County Nursing Association for the placing of midwives newly appointed either to fill a vacancy or to settle in a new district for which no previous provision has been made.

During the year 10 midwives were newly appointed to fill vacancies.

(f) Mileage Grants for Midwives.

The sum of £14 was expended in mileage grants to midwives taking cases outside their usual area of practice, the Committee receiving eight applications, all of which were granted.

(g) Inspection of Midwives.

It was not found necessary to suspend any midwife from duty through being in contact with infectious disease.

(h) Educational Facilities.

(1) Midwifery Scholarships. The selection of candidates and arrangements for training are carried out by the County Nursing Association and application should be made to the Secretary of the Association. During the year five candidates completed this training and three others commenced the course.

(2) Post-Certificate Courses. Grants are made to midwives who desire to take post-certificate courses in order to keep abreast of modern developments in their work. During the year four midwives took post-certificate courses at Camberwell. In each case a grant of £12.0.0 was allotted, £4.0.0 towards the charges of the training institution and £8.0.0 for travelling expenses and provision of a substitute.

(3) Lectures to Practising Midwives. During the year Dr. E. Lewis Lilley, Obstetrical Surgeon to the Leicester and Leicestershire Maternity Hospital, gave a series of lectures to practising midwives. His report is as follows:—

“I have given this year my usual course of lectures to practising midwives on April 29th at Leicester, May 7th at Loughborough and May 8th at Coalville. On May 13th, I regret that I had to go into hospital myself as a patient and was thus unable to give the lecture fixed for that day at Leicester. With your permission, Dr. C. L. Somerville stepped into the breach at short notice and fulfilled my engagement.

“I chose for my main subject this year, the intra-uterine development of the child and the relation thereof to well recognised malformations and deformities of the newly born child. On each day as usual I devoted half the time to informal discussion of subjects chosen by the Midwives themselves.

“There was a good attendance (26, 17 and 15 on the first three days) and a lively interest was shown in the matters discussed.”

Yours faithfully,

E. LEWIS LILLEY.

Notes.

					Attendance
Leicester	April 29th, 1936	....	....	....	26
Loughborough	May 7th, 1936	....	....	....	17
Coalville	May 8th, 1936	....	....	....	15
Leicester	May 13th, 1936	....	....	....	15
	(taken by Dr. Somerville)				—
	Total	....			73
					—

(i) Additional Administrative Arrangements.

(1) *Sparsely Populated Areas*. Grants were made to six Associations providing midwifery services in sparsely populated areas.

(2) *Necessitous Districts*. Grants varying from £10 to £21 per annum were made to 15 District Nursing Associations in which a service is already in operation. The method of administering these grants remained the same as in previous years.

(3) *Midwives' Act*, 1918. During the year, 399 claims were paid under the provisions of this Act. The total amount expended was £535 and a sum of £173 was recovered from persons responsible for payment.

(j) **Sterilized Maternity Outfits.**

These are supplied at cost price through the Health Department to the County Nursing Association for distribution to midwives. Independent midwives practising in the County may also avail themselves of this service on the same terms.

HOSPITALS.

(1) **Infectious Diseases other than Small-pox.** The number of beds available in the County is 121. Treatment of infectious diseases other than Small-pox is carried out under the control of the Leicestershire Isolation Hospitals Committee and the beds are distributed as follows :—

	Beds
Markfield Isolation Hospital	54
Melton Mowbray Isolation Hospital	27
Hinckley Isolation Hospital	23
Blaby Isolation Hospital	17
Total	121

At Markfield Isolation Hospital there are three resident medical officers ; the other hospitals are served by part-time practitioners.

(2) **Small-pox.** No alterations have been made in the arrangements for the treatment of this disease. Two hospitals are available in the County, Syston Small-pox Hospital, 15 beds ; and Snarestone Small-pox Hospital, 23 beds. In addition a reciprocal arrangement is in force between the County Council and the Leicester City Authority for the reception of cases of small-pox. Details of this arrangement have been outlined in previous reports.

(3) **Other Hospitals.** Treatment of Pulmonary Tuberculosis is carried out at the County Sanatorium, Markfield ; a full report of the year's working of this Institution will be found in another section of this report.

The following are the arrangements in force for co-operation between the County Council and Voluntary Hospitals :—

The Public Assistance Committee makes a grant to the Leicester Royal Infirmary, Market Harborough Cottage Hospital, Hinckley Cottage Hospital and Lutterworth Cottage Hospital for the reception of acute sick into those institutions.

Under the authority's scheme for the operative treatment of enlarged Tonsils and Adenoids, provision is made for the use of the Cottage Hospitals at Ashby-de-la-Zouch, Market Harborough, Lutterworth, Melton Mowbray and Hinckley, and of the Loughborough General Hospital.

The arrangements for the hospital treatment of Maternity cases remain as in previous years and such cases are admitted to the Leicester and Leicestershire Maternity Hospital, the Leicester City General Hospital, and the Cottage Hospitals at Market Harborough and Lutterworth. An arrangement also exists with the Warwickshire County Council for the reception at the Rugby Maternity Home of maternity cases from parts of Leicestershire near the Warwickshire boundary.

Detailed information of the hospital accommodation available in the various transferred Poor Law Institutions is contained in the appendix to this report.

MATERNITY AND NURSING HOMES.

The administration of the provisions of the Nursing Homes (Registration) Act, 1927, is undertaken by the County Council which is the Local Supervising Authority for the whole County, including the Borough of Loughborough. No application has been received from a District Authority for delegation of powers under the Act to a District Council.

Periodic inspections of the registered homes are carried out by Dr. Cowan and the County Superintendent Health Visitor. Before any application for a certificate of registration of a home is granted, full inquiry is made as to the suitability and qualifications of the applicant and an inspection of the premises is carried out to ensure that they conform to the necessary standard.

The following are particulars concerning the administration of this section of the work :—

	Nursing Homes.	Maternity Homes.	Nursing & Maternity Homes.
No. of new applications for registration during 1936	1	3	3
No. of Homes registered on 31/12/36	2	8	5
No. of orders made refusing registration	—	—	—
No. of orders made cancelling registration	—	—	—
No. of appeals against such order	—	—	—
Homes discontinued	—	5	3

Exemptions from registration under the new Act were made in six instances, viz. : five Cottage Hospitals and one General Hospital.

AMBULANCE FACILITIES.

(a) Infectious Diseases.

Motor ambulances are stationed at Blaby and Melton Mowbray Isolation Hospitals; the Blaby ambulance conveys cases to Markfield, Blaby and Hinckley Hospitals, and that at Melton Mowbray deals with the district served by the Melton Hospital.

(b) Non-infectious and Accident Cases.

The removal of cases of Tuberculosis is undertaken by the County Council ambulance where necessary but no responsibility is assumed for other cases.

(c) Maternity Cases.

No special ambulance is provided for these cases, but transport is arranged when necessary, the payment of charges being guaranteed by the Maternity and Child Welfare Committee, who make application to the patient for the recovery of these payments.

CLINICS AND TREATMENT CENTRES.

Provision is made for various treatment centres in the county as follows :—

Coalville Health Centre, Bridge Road.
Melton Mowbray Health Centre, Asfordby Road.
Hinckley Health Centre, The Lawns.

These centres are all used for Infant Welfare Centres, Ante-natal Clinics, Tuberculosis Dispensaries, Orthopædic Clinics, School Clinics and Dental Clinics with the exception of that at Melton Mowbray where no Orthopædic Clinic is now held.

Plans have been prepared for a new Health Centre to be built on land adjoining the new Council Schools at South Wigston. It will probably be opened towards the end of 1938.

LOCAL GOVERNMENT ACT, 1929.

(1) Public Assistance Infirmary.

Bosworth Hall was formally opened as a Public Assistance Infirmary on July 15th, 1936. The institutions at Ashby-de-la-Zouch and Hinckley were closed and the patients transferred to Bosworth Hall.

(2) Public Assistance Institutions.

The Public Assistance Institutions at present available in the County are as follows :—Loughborough, Lutterworth, Market Bosworth, Market Harborough, Melton Mowbray, Mountsorrel and Narborough. Details of the accommodation at these institutions and particulars of the nursing staff are given in the appendix to this report.

(3) Poor Law Medical Out-Relief.

A table showing the various districts and the names of the medical officers in charge will be found at the beginning of this report.

No difficulties have been encountered during the year in the administration of medical out-relief and no alterations have occurred in the constitution of the districts. The following staff changes were made :— the appointment of Dr. Bishop to succeed Dr. Fagge in Melton Mowbray (North and South) Districts ; Dr. Paterson to succeed Dr. Bell at Shepshed; Dr. Montford to succeed Dr. Dowell in the Castle Donington district, and Dr. Macintosh to succeed Dr. Taylor at Syston.

(4) Vaccination.

The districts of the Public Vaccinators in the County number 30, and those of the Vaccination Officers total 14.

The following is a summary of the Vaccination Officers' returns rendered to the Registrar General respecting the vaccination of children whose births were registered from January 1st to December 31st, 1935.

- | | | | | | |
|-------|--|------|------|------|-------|
| (i) | No. of births entered in Birth Lists as registered during 1935 | .... | .... | .... | 3,806 |
| (ii) | Statement relating to the births on 31st January, 1937 :— | | | | |
| (a) | No. successfully vaccinated | 193 | | | |
| (b) | No. insusceptible of vaccination | 5 | | | |
| (c) | No. had Small-pox | .... | .... | — |  |
| (d) | No. of Statutory Declarations received | .... | .... | .... | 3,342 |
| (e) | No. died unvaccinated | .... | 147 | | |
| (f) | No. temporarily unaccounted for | .... | .... | .... | 81 |
| (g) | No. otherwise unaccounted for | .... | .... | .... | 38 |
| | | | | — | 3,806 |
| (iii) | No. of cases of children successfully vaccinated after Statutory Declaration had been received (included in sub-heading) | | | | |
| (d) | .... | .... | .... | .... | 3 |

(5) Boarded-out Children.

Supervision of these children is carried out by the County Health Visiting Staff. Routine visits of inspection are made to each case once every six weeks. When necessary, owing to special circumstances, more frequent visits are paid and in all cases a detailed report of the conditions found at each visit is made by the Health Visitor. These reports are scrutinised by Dr. Cowan and any necessary comments made before being passed on to the Public Assistance Officer. If circumstances require it, special visits are made by a Medical Officer.

The number of children on the register on December 31st, 1936 was 42. This number again showed a decrease on that of the previous year.

(6) Institutional Provision for the Care of Mental Defectives.

Provision is made for the care of mental defectives at Stretton Hall, near Leicester. This Institution was enlarged during the year and is now certified for the reception of 160 cases. These cases are divided as follows :—60 medium and high grade males over sixteen years of age ; 50 medium and high grade females over sixteen years of age ; 20 medium grade females under sixteen years of age and 30 cot and chair cases of either sex.

The Loughborough Certified Institution has been approved under section 37 of the Mental Deficiency Act, 1913 for the reception of 40 adult female defectives, and on December 31st last, 45 cases were on the the register of this Institution.

The Board of Control has also approved the Mountsorrel Certified Public Assistance Institution for the reception of 23 adult male defectives, and the number of cases in this Institution on December 31st, 1936 was 22.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

There has been a marked increase in the prevalence of Diphtheria during the year while a decrease in the incidence of Scarlet Fever can again be recorded.

Measles was much less prevalent in the schools of the County but there was an increase in the number of cases of Whooping Cough and Chicken Pox.

During the Autumn an outbreak of Epidemic Catarrhal Jaundice occurred for the first time for some years. The districts mainly affected were Newbold Verdon, Desford and Syston.

DIPHTHERIA.

The number of cases of Diphtheria notified during 1936 was 386 as compared with 286 in 1935. The incidence of the disease was fairly evenly distributed between the Urban and Rural Districts, 171 cases occurring in the former and 215 in the latter.

The districts most affected were Loughborough 87, Markfield 39, Coalville 33 and Groby 20 cases.

Two schools were closed during the year on account of outbreaks of Diphtheria ; the average period of closure was fifteen days, and the number of children affected by the closure was 182.

There were 32 deaths recorded as due to Diphtheria as compared with 22 in the previous year.

The high incidence of Diphtheria in the County, particularly over the Western half, is giving cause for concern and in spite of all efforts, little progress has been made in checking the spread of this disease.

The only solution of this problem lies in the adoption throughout the County of a scheme for the immunisation of pre-school and school children. Then, and only then, will the high incidence and death rate of Diphtheria diminish, provided, of course, that there is a wholehearted and unanimous co-operation on the part of the parents.

SCARLET FEVER.

The notifications of Scarlet Fever totalled 948, a decrease of 256 on last year's figure. The disease was much more prevalent in the Rural areas, there being 529 cases as against 419 in Urban areas. In the Urban Districts of Coalville, Loughborough, Hinckley and Wigston, a relatively high incidence was shown and in the Rural Districts the areas showing the most marked prevalence were Barrow, Blaby, Castle Donington and Market Bosworth.

It was found necessary to close three schools for an average period of eight days on account of Scarlet Fever. The number of children affected by the closures was 48.

The number of deaths from Scarlet Fever was three as compared with eight last year.

MEASLES.

The returns received from Elementary Schools of the incidence of infectious diseases show a falling off of Measles during 1936. It was not found necessary to close any school on account of this disease.

Certificates of reduced attendance were granted to six schools involving 305 children as compared with 31 schools and 2,335 children in 1935. Certificates were also issued to two schools, one involving 13 children, on account of Whooping Cough and Measles and another, 33 children, on account of German Measles.

INFLUENZA.

There was no marked prevalence of Influenza in the County during 1936. The returns from the schools show that it was only necessary to close one school affecting 23 children on account of Influenza. Four certificates of low attendance involving 89 children were issued on account of this disease.

PNEUMONIA.

The number of cases of pneumonia notified during the year was 279 as compared with 318 in 1935. The notifications occurred mainly during the first half of the year, and the incidence of the disease was evenly distributed between the Urban and Rural districts. Coalville, Hinkley and Melton were the districts where the greatest number of cases occurred.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

There were nine cases of Puerperal Fever and 31 cases of Puerperal Pyrexia notified during the year.

The number of deaths recorded as due to Puerperal Fever was six.

ERYSIPELAS.

During the year, 96 cases of Erysipelas were notified as compared with 118 cases during 1935. The distribution of the cases was, Urban 33, Rural 63.

GASTRO-INTESTINAL GROUP OF DISEASES.

The number of cases of Enteric Fever notified during 1936 was 15 as compared with 10 during the previous year.

The cases which occurred were sporadic and no special investigation of any outbreak was necessary.

The cases occurred in the Urban Districts of Loughborough and Hinckley and in the Parishes of Newbold, Packington, Worthington, Kirby Muxloe and Claybrooke Magna.

MALARIA.

One case of Malaria was notified during the year.

EPIDEMIC CATARRHAL JAUNDICE.

A special investigation into an outbreak of Epidemic Catarrhal Jaundice in the County chiefly among the school population was carried out by Dr. Lisney.

The forty cases which occurred were distributed as follows :— Newbold Verdon, 26 ; Syston, 7 ; Desford, 4 ; Cadeby, 2 and Orton-on-the-Hill, 1. Although some of the children had the disease in a moderately severe form no deaths resulted.

DISEASES OF THE CENTRAL NERVOUS SYSTEM.

(a) Encephalitis Lethargica.

Four cases of Encephalitis Lethargica were notified during 1936 from Hinckley 2, Melton Mowbray and Coston.

(b) Poliomyelitis.

The number of cases of Poliomyelitis notified during the year was three. These occurred in Earl Shilton, Branston and Leicester Forest East.

(c) Cerebro-Spinal Fever.

Only one case of this disease was notified in 1936. This occurred at Loughborough.

DISEASES LOCALLY NOTIFIABLE.

Chicken Pox.

This disease is notifiable in certain areas of the County and seven cases were notified during the year. One school was closed for a period of seven days.

Ophthalmia Neonatorum.

The following is the record for 1936 :—

Notified	Cases Treated		Vision un-impaired	Vision im-paired	Total Blind-ness	Deaths
	At home	In Hospital				
12	8	4	11	1	—	—

MATERNITY AND CHILD WELFARE SERVICE.

The various changes which were outlined in the report of last year have added considerably to the effectiveness of this service, particularly in connection with maternity. During the past year there has been no alteration in the number of infant welfare centres but with the growth of the ante-natal scheme it has been necessary to make added provision at certain of the ante-natal clinics.

Details of the working of the various branches of the Maternity and Child Welfare Service are given below under the appropriate headings.

INFANT WELFARE.

(a) Infant Welfare Centres.

The number of infant welfare centres in the administrative county is thirty-four. All of these centres are controlled by the County Council with the assistance of a voluntary committee at each centre. The centres are staffed by whole time medical officers and health visitors, and weekly or fortnightly sessions are held in accordance with the needs of the district in which the centre is situated. A health visitor attends at each session and a medical officer at each alternate session.

The members of the voluntary committees undertake the conduct of the Welfare Centres and keep the registers of attendances, weighings, etc. They also look after the social side of the work, and organise competitions, outings and entertainments.

The work of the Centres has continued successfully during the year. Many centres show increased attendances, and the mothers continue to evince a gratifying interest in the various activities, educational, medical and social.

(b) General Administration.

All matters pertaining to the general conduct of the infant welfare service are dealt with centrally but a certain measure of control over each infant welfare centre is left to the voluntary committee.

The work of attending to the health of the infant and pre-school population includes within its scope all the circumstances, both environmental and personal, which have an effect upon their wellbeing. It is necessary, therefore, to provide skilled supervision of the children in their homes as well as facilities for attendance at centres where they may undergo periodic medical examination. The health visiting staff carry out periodic visits to the homes during the whole of the child's pre-school life and report where necessary upon conditions which may affect the child's healthy growth and development. Where they are required, visits are also made by medical officers and advice is given to parents upon general care and management.

The value of the infant welfare centre is limited by the number of infants it is possible to reach, and only a certain proportion of the pre-

school population is served by the centres. Moreover the majority of the attendances are of children under two years of age ; the falling off in attendance after this age becoming more marked as the child approaches school age. There are, therefore, two very important factors adversely affecting the efficiency of the work of the infant welfare centre and these are only partly counteracted by the supervision undertaken in the home visits made by health visitors.

It is undeniable that infant welfare work in its present form, although successful up to a point, falls short of complete efficiency and is inadequate to meet the needs of the infant and pre-school child. This is borne out by the high proportion of preventable defects which are still discovered by school medical officers at every entrant examination at school.

The gaps in supervision which exist are apparent and extension of the service is necessary if an attempt to bring every child within the purview of the medical officers is to be made. Until arrangements are in force for the periodic medical inspection of all pre-school children and provision is made for treatment when necessary, there will continue to be a relatively high incidence of chronic disease and preventable defect among very young children.

(c) Clinical Work.

The clinical work at the infant welfare centres is carried out by whole time medical officers. Each infant is examined upon its first attendance and the mother advised as to its general physical condition and upon general care. Thereafter, periodic examinations are made and the mother is at liberty to consult the medical officer at any time if she is dissatisfied with the child's progress, or wishes to obtain advice upon any point in connection with its upbringing.

No treatment is undertaken at the welfare centres. If a child requires medical treatment the parent is advised to consult a private practitioner. Those forms of treatment which are outside the scope of general medical practice, *e.g.*, orthopædic treatment or treatment for abnormal eye conditions, are provided by this authority at special clinics.

The whole of the clinical work at the centres is directed towards prevention of disease and the detection of abnormalities at a sufficiently early stage to prevent serious sequelæ.

(d) Educational Work.

Education of the mother in the principles of mothercraft has played a large part in the success of infant welfare work, and as greater numbers of mothers become receptive to education, further benefits are to be expected. The assumption in the past that the human mother was instinctively capable of bringing up her children correctly was responsible for a great deal of prejudice against so called interference, but that attitude is rapidly disappearing. Nevertheless there is still a great deal of ignorance amongst parents not only of the requirements of infant care but also of the benefits to be obtained from infant welfare work. It is

difficult to overcome this indifference and there are still far too many parents who are not interested in child welfare schemes and who pay little or no attention to advice from health visitors.

Much can be done to overcome this attitude by the teaching of mothercraft to senior girls in schools. It is only by securing the interest of the mothers of the future and awakening in their minds a sense of the importance of infant welfare work and of the need for guidance and help in the upbringing of children that a greater proportion of mothers can be brought into close touch, in a receptive frame of mind, with the education provided through schemes of maternity and child welfare. For this reason it is very desirable that time should be made available and a place given to the teaching of this subject during the last year of attendance at school. Arrangements for demonstrations, by child welfare workers, on various aspects of the work and for the occasional attendance of senior girls at infant welfare centres would add to the benefit of instruction and lend interest to the lessons.

(e) Statistics.

During the year 871 meetings were held at the various Centres. The total number of mothers on the registers was 3,456 and the number of attendances made was 35,974.

The total number of infants under one year was recorded as 2,180 and the number of attendances made was 18,128. The number of toddlers attending the Centres was 2,461 and these made a total of 23,455 attendances.

The average attendance of children at all Centres during the year was 47.7.

During the year 1,490 women, 1,431 infants under one year of age, and 481 toddlers attended the Centres for the first time. Of the total number of children born during the year, 40.1 per cent. attended the Infant Welfare Centres in the County.

The Medical Officers made 414 visits to Infant Welfare Centres during the year. The visits of the individual Medical Officers were as follows :—Dr. Fairer 8 ; Dr. Cowan 55 ; Dr. Lisney 88 ; Dr. Coward 8 ; Dr. Weston 135 ; Dr. Walters 120.

The number of lectures given at Infant Welfare Centres by Medical Officers and Health Visitors during the year was :—

Medical Officers 322 ; Health Visitors 202 ; Special Lectures 38.

The Medical Officers made 4,615 clinical examinations during 1936 and 1,516 children were examined for the first time. The total number of weighings carried out by Health Visitors was 39,256.

The principal defects observed by Medical Officers were :—Skin conditions 136 ; Phimosis 98 ; Bronchitis 105 ; Umbilical Hernia 74 ; External eye conditions 42 ; Rickets 38 ; Strabismus 29 ; Gastric trouble 64 ; Nasopharyngitis 36 ; Ear diseases 25 ; Hernia 22.

(f) Supply of Milk to Necessitous Mothers.

Arrangements are in force for the supply of one pint of milk per day to (a) expectant mothers within three months of their confinement; (b) nursing mothers; and (c) infants under eighteen months who are certified to be in need of extra milk for health reasons.

Both the medical and financial circumstances are carefully investigated in each case by a Health Visitor and the grant is made subject to an income scale approved by the Committee.

When possible a medical certificate of the need for milk is obtained from the Medical Officer of the Infant Welfare Centre which the patient attends and the grant is subject to attendance at an Infant Welfare Centre if one exists within reach of the patient.

Only liquid milk is supplied and where it is possible to obtain it, "Accredited" milk is provided.

During the year 1,204 applications for grants of milk were received and 974 were approved by the Maternity and Child Welfare Committee for periods not exceeding two months, after which time the cases were re-considered.

The total amount expended on this service was £857, this figure being a decrease of £34 on that of last year.

(g) Inspections of Children under the Children and Young Persons Acts.

Under these Acts inspections are carried out by the County Health Visiting Staff on behalf of the Maternity and Child Welfare Committee.

Each child is visited at least once every three months, additional visits being made as circumstances require. A detailed report on the condition of the child is made at each inspection on a special form and these reports are scrutinised by the Deputy County Medical Officer. Should the condition of the child or its environment be unsatisfactory, the home is visited by a Medical Officer who makes a special report and recommends such action as is necessary.

The Maternity and Child Welfare Committee decided that a yearly inspection be made of each school where boarders under the age of nine years are received. Nine such schools were inspected.

The following is a summary of the work done during the year :—

Children and Young Persons Acts.

No. of cases on Register on December 31st, 1935	....	71
No. of new cases	....	33
Returned to Parents	....	12
Adopted	....	—
Attained nine years of age	....	5
Died	....	1
Left County	....	12
Transferred to Loughborough Borough	....	1
Transferred to new foster-parents	....	6
Removed to Poor Law Institutions	....	1
No. of Cases on Register on December 31st, 1936	....	66

MATERNAL CARE.

(a) **Maternal Mortality.**

Maternal deaths occurring in the County are investigated in accordance with the principles laid down in Ministry of Health Memoranda. This work is undertaken by Dr. Cowan in co-operation with the general practitioners of the area.

Reports on cases investigated are treated as strictly confidential and are forwarded direct to the Chief Medical Officer of the Ministry of Health, no copy being retained locally.

In addition to the usefulness for statistical purposes at the Ministry of Health these investigations are of considerable value locally. Difficulties associated with the practice of midwifery in the area can be discussed with the general practitioners and, if necessary, steps taken to rectify such defects as are in the power of the Local Authority to remedy.

(b) **Puerperal Fever and Puerperal Pyrexia.**

Arrangements detailed in previous Annual Reports continue in force. The scheme provides for the services of a number of consultants with special experience in obstetrics to be available through the Public Health Department to any general practitioner on request. In addition any bacteriological examinations required are undertaken at the County Laboratory.

Cases requiring isolation and treatment in hospital are admitted to Markfield Isolation Hospital, where a sufficient number of beds for dealing with these cases have been allocated.

(c) **Report of the Maternal Mortality Officer (Dr. K. Cowan, Deputy County Medical Officer.)**

The maternal mortality rate for the County during the year is 3.91 per 1,000 births. This rate shows an increase of .11 upon that for last year.

The returns of maternal mortality during the years 1927-1936 are set out in the following table :—

Leicestershire Maternal Mortality per 1,000 Births.

No. of Puerperal Deaths :					
		Total	Other		Rate per
		Births.	Sepsis.	Causes.	1,000 Births
Year.				Total.	Total.
1927	....	4,887	7	10	17
1928	....	5,074	12	12	24
1929	....	5,013	9	15	24
1930	....	5,201	7	10	17
1931	....	5,179	5	12	17
1932	....	5,039	5	12	17
1933	....	4,593	7	15	22
1934	....	4,919	6	11	17
1935	....	4,475	7	10	17
1936	....	4,598	6	12	18

In last year's Annual Report details of extensions of the Maternity and Child Welfare scheme were outlined. These included a new Ante-Natal Clinic at Coalville, arrangements for ante-natal examinations of expectant mothers in rural areas, additional provision for maternity hospital accommodation and ambulance facilities and compensation for midwives.

The new clinic at Coalville has proved very successful and it was found necessary owing to increased attendances to hold a weekly session instead of a fortnightly one and this commenced in June 1936. The midwives of the area have availed themselves fully of the services provided by the Clinic and many patients are also referred there by local doctors.

Unfortunately it cannot be said that the general practitioner services are operating so successfully. The facilities available under this part of the scheme provide for two ante-natal examinations of expectant mothers, one general medical examination early in pregnancy and a full obstetrical examination between the 34th and 40th weeks. The County Council pay the doctors' fees of five shillings for each examination together with necessary expenses incurred in travelling. Prior to the commencement of this service all midwives in the County were circularised and asked to refer every uninsured expectant mother for ante-natal examination to the doctor who would be called to the confinement in emergency.

The records which have been kept shew a very disappointing response. The total number of expectant mothers referred by midwives to general practitioners during the year was 400 ; of these 137 had two medical examinations, 93 one examination and in the remaining 170 cases referred, no report or claim for fee was received from the doctor. It is obvious that if this service is only going to deal completely with 137 expectant mothers during twelve months it is not even touching the fringe of the problem, and unless a much greater degree of co-operation is obtained from midwives and doctors in the county, some alternative method of procedure will become necessary.

No difficulty has been experienced in connection with hospital treatment either in cases of unsuitable home conditions or in complicated cases.

The number of cases in which requests for the services of a consultant were received totalled eight, six being complicated maternity cases and two puerperal fever.

During the latter part of the year a scheme was prepared to meet the obligations of the County Council under the Midwives Act, 1936. The preparation of this scheme involved a considerable amount of investigation of existing conditions, consultations and conferences with voluntary associations and a great deal of extra clerical and Committee work. The midwifery services of the county, fortunately, were already completely organised in most areas through the County Nursing Association and it was possible by extending the sphere of influence of this Association and affording further assistance from the County Council to ensure that the County would be covered by a domiciliary service of midwives who would be whole-time servants.

The proposals of the County Council with certain modifications met with the approval of the various voluntary associations concerned and also of the Welfare Authorities in the County and will be brought into operation on 31st July, 1937, in accordance with the Act.

(d) Report on the Work of Ante-Natal Clinics.

(i) Hinckley.

The work of the Castle Street Centre has been conducted on the same lines as in 1935. Sessions are held fortnightly on the first and third Monday of each month with the exception of August.

The figures for 1935 and 1936 were as follows :—

			Sessions.	Patients.	Attendances.
1935	....	....	16	111	202
1936	....	....	22	184	328

In the early part of the year 1935 the Clinic was only held once a month. It will be noted that there is a substantial rise in the number of women who have made use of the Clinics and the average attendance per session has risen from 12.6 to 14.9 but it is less gratifying to record that the average number of attendances per case remains almost the same—1.78 as against 1.8—and that it is far too low a figure to represent the standard of ante-natal supervision at which we aim.

The Midwives of the District attend most regularly with their cases and to them I am indebted for considerable help at the Clinic and for information concerning the history of the subsequent confinement.

(ii) Coalville.

The figures for the year 1936 for this clinic are as follows :—

			Sessions.	Patients.	Attendances.
1936	....	....	35	222	442

No useful comparison can be made between the figures for 1935 and 1936 at this Centre as the Clinic was only started at the end of October, 1935, and only four fortnightly sessions were held.

At those four sessions 23 women made 26 attendances but numbers steadily increased and by the early part of 1936 it became apparent that the work on alternate Friday afternoons had become too heavy to be compatible with efficiency.

To meet this difficulty, since the beginning of June, the Clinic has been held weekly on Tuesday mornings and although this time is in many cases less convenient for patients and for midwives, it is gratifying to note that this has not deterred them from coming and the attendance is still sometimes over 20 at a session and the average for the six months, June-December, was over 11.

During the year, two cases have been sent to Markfield for X-ray examinations to assist in or confirm diagnosis and I am most grateful for this facility and for Dr. Selby's reports.

Conditions due to dietetic deficiencies or errors still constitute a complex problem awaiting solution. Poverty, custom and perverted gustatory predilections are only some of the common factors resulting in digestive and nutritive disorders and almost certainly in oral sepsis also.

Instruction is given, as far as time permits, and the diet sheets prepared by Dr. Walters and myself have proved useful, but in many cases correction by educational methods goes neither far enough nor fast enough to produce satisfactory results for the mother or child and I have felt it necessary to purchase a supply of Cod Liver Oil and Malt and Calcium Lactate for use in these cases, in addition to the Prenatalac, which I stocked last year for the incipient anæmias. Buying the Cod Liver Oil at the wholesale price at which it is stocked by the Tuberculosis Department, brings it within reach of the really poor mother, if not the very poorest.

Several of the worst cases of oral sepsis have received enormous benefit from the Dental Department of the Leicester Royal Infirmary, but unfortunately the length of the journey to Leicester and even the 'bus fare in some cases adds to the almost universal reluctance to accept treatment for long neglected states which would probably involve several extractions.

(Signed) M. E. WESTON.

(iii) *Wigston Magna.*

The Wigston Magna Clinic was held on 21 sessions and there was an average attendance of 12.5 patients. The average number of attendances per patient was 2.5 which was an improvement on the previous years. The figure is, however, still too low and it is to be regretted that a number of patients still fail to present themselves for examination before the seventh or even the eighth month of pregnancy. The following table shows a comparison of attendances for the past 2 years :—

			Sessions.	Patients.	Attendances.
1935	....	....	22	125	327
1936	....	....	21	106	262

The problem of nutrition among expectant mothers still remains unsolved. Advice as to diet is always offered to all the cases that attend and Cod Liver Oil and extra milk are prescribed and taken in the majority. In spite of this, it is obvious that many of the patients fail to take a sufficiently mixed daily diet.

In some cases this is partly due to economic reasons, but the main cause is undoubtedly the failure of the patients to appreciate the importance of a well balanced diet.

Another difficulty arises from the problem of dental sepsis and deficient teeth. Both conditions are distressingly prevalent among expectant mothers and again there is a marked indifference on the part of the patients to seek professional advice and treatment.

It is hoped that the continuance of advice and education at Clinics and Infant Welfare Centres on such important subjects as these will have some ultimate effect in convincing mothers that these are essential factors in health.

(Signed) C. WALTERS.

(e) Instruction for County Midwives in Ante-Natal Care.

Arrangements are in force whereby County Midwives may attend the Ante-Natal Clinic at the Leicester and Leicestershire Maternity Hospital for a course of practical instruction in ante-natal care.

A panel of midwives has been formed and the midwives attend the Clinic in rotation. Each midwife attends the Centre for four sessions at a charge of 5/- per session, the cost being met entirely by the County Council.

MATERNITY HOSPITALS.

An arrangement exists with the Leicester and Leicestershire Maternity Hospital for the reception of County cases into the Hospital and a grant of £50 is made by the County Council to this Institution.

A similar arrangement is also in force with the Warwickshire County Council to receive at their Maternity Home at Rugby, maternity cases from parts of Leicestershire near the Warwickshire boundary.

Complicated maternity cases (other than Puerperal Fever and Puerperal Pyrexia) from the County are admitted to the Hospital of St. Cross, Rugby. The County Maternity and Child Welfare Committee undertakes responsibility for the cost of emergency cases (£3.3.0 per week) provided that the County Medical Officer is notified as soon as possible after the patients' admission. The recovery of the whole or part of the charge is subsequently considered by the Committee. Approval of the Maternity and Child Welfare Committee must be obtained before other than emergency cases can be admitted. Some contribution towards the cost is required except in necessitous cases.

Facilities exist for the reception of unmarried expectant mothers at St. Saviour's Home, Northampton. During 1936 five cases were admitted to this Home from the County. In addition, arrangements are in force with the Ely Diocesan Home, Cambridge, and the Salvation Army Home, Birmingham, to receive cases if required.

TREATMENT OF CHILDREN.

Provision is made for the treatment of Tuberculous children at the County Sanatorium, Markfield. Ill-nourished and delicate children between three and five years of age are received at the Children's Convalescent Home, Woodhouse Eaves.

The following is a report from the Medical Officer to the Home :—

CHARNWOOD FOREST CONVALESCENT HOME FOR CHILDREN.

Total number of children admitted	....	18
Average stay of each child in days	....	57.2
Average gain in weight	....	2 lbs. 14 ozs.
State of health on discharge—		
Much improved	....	9
Improved	....	9
Diseases for which children were admitted—		
Debility (various causes)	....	15
Persistent Cough	....	2
Rickets	....	1

BIRTH CONTROL.

The arrangements for the attendance of County patients at the Leicester City Birth Control Clinic still continue in force.

The types of cases considered suitable include women suffering from serious constitutional conditions such as Tuberculosis, Heart Disease, Kidney Disease, Diabetes, Profound Anæmia, certain types of Arthritis and Toxic Goitre ; also women suffering from Mental Disorders including inheritable forms of Insanity, Epilepsy or Feeble-mindedness ; as well as women suffering from local gynæcological affections or malformations.

The number of cases referred either by their own doctors or by a member of the County Medical Staff during 1936 was 21.

THE COUNTY ORTHOPÆDIC SCHEME.

(Dr. K. Cowan, Deputy County Medical Officer.)

The arrangements in the County for the treatment of crippling defects comprise out-patient clinics at Coalville and Hinckley controlled by the County Council, out-patient treatment at Loughborough Cripples' Guild and Leicester City Clinic for County out-patients, and in-patient treatment at Coleshill Hospital, Harlow Wood Hospital and the City General Hospital, Leicester.

Treatment is available for crippling defects and diseases among pre-school children and children of school age, and for persons of any age suffering from non-pulmonary tuberculosis. Out-patient treatment is provided free of charge but contributions are required from patients towards the cost of surgical appliances and for in-patient treatment according to the financial circumstances of the family.

Continuity of treatment is secured, in so far as possible, by staffing the out-patient clinics with the same surgical and nursing staffs who carry out treatment in hospital. Complete continuity exists in the treatment of children, but as adult cases are not admitted to Coleshill Hospital, patients over school age suffering from non-pulmonary tuberculosis who have attended the out-patient clinics at Coalville or Hinckley

must be admitted either to Harlow Wood Hospital or the City General Hospital, where they come under the care of a different orthopædic surgeon. It may be possible to remedy this drawback in the future but, at present, circumstances are such that it is not possible to take any action.

The work of the various Clinics has continued successfully during the year. The Hinckley Clinic which is the most recent, having been opened in 1935, showed increased attendances during the year and is obviously filling a long felt want in this district. A relatively high proportion of the cases attending the Clinic are of a serious nature and have required admission to hospital, but as the old standing cases are dealt with and fresh cases in an earlier stage of defect are referred, it will be possible to carry out completely successful treatment in a much shorter period of time.

Every area in the County is now within comparatively easy reach of a treatment centre, and after-care supervision and following-up treatment are available for all cases upon discharge from hospital.

The following are the details of the working of the orthopædic scheme :—

(1) Ascertainment.

Patients are referred to the Clinics from various sources, including Tuberculosis Medical Officers, Assistant School Medical Officers, Infant Welfare Medical Officers, private practitioners and private agencies.

These routine sources of ascertainment are supplemented by the special arrangements detailed in previous annual reports whereby all cases of disability or deformity encountered by the Health Visitors and School Nurses are reported to the Health Department irrespective of whether other action is being taken. These cases are followed up with a view to enquiring whether appropriate treatment is being provided and, if not, taking any necessary action to secure attendance for treatment.

In many cases of crippling defect the ultimate hope of success depends upon applying treatment early and the methods of ascertainment employed are, therefore, of the greatest importance. All the agencies of ascertainment must be used to the fullest advantage and the importance of early treatment for slight departures from the normal must be emphasised in talks to parents. The success of the work of ascertainment must be judged to a large extent by the proportion of early cases who attend the out-patient clinics and it should be the aim of this part of the scheme to obtain an increasing number of early cases.

(2) Orthopaedic Clinics and Hospitals.

(a) *The Coalville Clinic.*

This Clinic, directly under the control of the County Council, is visited once a month by the Orthopædic Surgeon, Mr. Allan of Coleshill Hospital, who examines all new cases and reviews the treatment of those

already in attendance. The Clinic opens at 1-30 p.m. on Monday and Wednesday afternoons.

The Staff consists of a fully trained Orthopædic Sister, a Masseuse from Coleshill Hospital, and a County Health Visitor, who attends to the clerical work, arranges the appointments and generally assists with the work of the Clinic.

(b) *The Hinckley Clinic.*

This Clinic is open for treatment on Wednesday and Friday mornings each week from 9-30 a.m., and is also directly administered by the County Council.

The Staff consists of Mr. Allan, Orthopædic Surgeon to Coleshill Hospital, who visits the Clinic at one session per month; the Orthopædic Sister, an Orthopædic Nurse and a Masseuse from Coleshill Hospital, and a member of the Health Visiting staff who attends to the clerical work.

All cases dealt with at the above Clinics requiring in-patient treatment are admitted to the Coleshill Hospital, Birmingham. There is thus a complete continuity of treatment available for every patient; the Clinics and the hospital forming one clinical unit.

(c) *The Loughborough Cripples' Guild.*

This Clinic is administered by a Voluntary Committee. The Leicester-shire County Council and the Loughborough Town Council make contributions to the Guild according to the number and nature of the treatments received by their patients.

Mr Malkin, Orthopædic Surgeon to the Harlow Wood Hospital, visits the Clinic once a month. The other members of the staff are the Orthopædic Sister, who attends once a week from Nottingham; one Masseuse, who is employed whole time, and four voluntary workers.

The Clinic is open all the week for massage and other forms of treatment.

The Loughborough Cripples' Guild is associated with the Nottingham Cripples' Guild and forms a complete clinical unit with the parent hospital at Harlow Wood. All patients attending this Clinic and requiring hospital treatment are admitted to Harlow Wood Hospital under the care of Mr. Malkin, thus securing complete continuity of treatment.

(c) *Leicester Clinic.*

This Clinic is controlled by the Leicester City Council and is conducted at Richmond House, Leicester. An arrangement exists between the County Council and the Leicester City Council for the treatment of County cases, particularly those living in districts adjacent to the City.

Clinical supervision is in the hands of Mr. Morris, Orthopædic Surgeon to the Leicester City Authority, and the Clinic is staffed with an Orthopædic Sister and a Masseuse.

The Clinic is conducted in conjunction with the City General Hospital where all in-patient treatment is undertaken. Mr. Morris is in charge of the Orthopædic wards.

(3) Additional Facilities.

In addition to the systematic orthopædic work mentioned above treatment is available at other centres as follows :—

(a) Leicester Royal Infirmary.

The Orthopædic Department at this hospital undertakes out-patient treatment. No charge is made for attendance but the County Authority assumes financial responsibility for surgical appliances in necessitous cases according to the means of the patient.

These cases are notified to the Department by the Secretary of the Hospital with full particulars of the nature of the disease and the treatment recommended.

(b) Rugby Orthopaedic Clinic.

Arrangements are in force whereby the County Maternity and Child Welfare Committee sanctions the charge of 2/6 per attendance for Leicestershire children whose treatment is undertaken by the Clinic provided that :—

(i.) Application is first made to the County Medical Officer to enable the case to be visited by one of the Medical Staff.

(ii.) Each application is considered by the Committee after an investigation into the financial circumstances.

(iii.) Monthly reports are rendered by the officers of the Clinic to the County Medical Officer.

(4) Provision of Surgical Appliances.

The following arrangements are in force for the provision of surgical appliances and apparatus.

Upon application being received inquiry is made into the financial circumstances of the case and recovery of cost is made according to a scale approved by the various Committees. Necessitous cases are provided for free of charge.

(5) After-Care Supervision.

The supervision of patients discharged from hospital after in-patient treatment, the fitting and adjustment of appliances and apparatus and the care for the general welfare of the cripple are undertaken at the Orthopædic Clinics. This after-care is carried out by the same medical and nursing staff who undertake the in-patient treatment in hospital, thus absolute continuity of treatment is ensured in every case.

It is not possible to do very much on an official basis in connection with the social welfare of the cripple and it is in this respect that the scheme is incomplete. In matters of training, employment, and general social welfare, voluntary workers or a Voluntary Association working in co-operation with the Local Authority can be of great assistance to the individual cripple and the whole orthopædic scheme.

I am pleased to be able to record definite progress towards the formation of a Voluntary Association for the care of cripples in the County. The Central Council for the Care of Cripples early in the year appointed an organiser for the County who has made surveys of the area with a view to ascertaining the number of cripples who could be aided by a Voluntary Association. As a result he has reported that there is sufficient scope to enable a Voluntary Association to supplement the official scheme in a helpful manner and meetings of persons interested have been held and a provisional committee appointed.

The Central Council will provide financial aid, subject to certain conditions, and there would appear to be every reason to hope that a strong voluntary Association will be formed which will act as a valuable supplementary service in the orthopædic work carried on in the County.

VENEREAL DISEASES.

The County Council makes provision for the treatment of Venereal Diseases by co-operation with the Authorities of the Leicester Royal Infirmary. The Clinics are administered by the governing body of that Institution, County cases being received and treated under financial arrangements approved by the Ministry of Health. The treatment of male patients is carried out by Dr. C. Hamilton Wilkie and Dr. Bessie Symington is in charge of the female section.

Pathological Work.

Bacteriological and Biological work for the diagnosis and for the tests of cure of Venereal Diseases at the Clinics is undertaken at the Leicester Royal Infirmary but a certain amount of bacteriological work for practitioners in the County is undertaken at the County Laboratory.

The following are extracts from the Annual Reports of the Medical Officers who conduct the Clinics for Venereal Diseases :—

Report on Male V.D. Clinic for Year 1936.

By C. Hamilton Wilkie, M.B., Ch.B., B.Sc.

I beg to report on the work conducted at the Male Venereal Disease Department, Leicester Royal Infirmary during the year 1936.

The Treatment Centre.

The V.D. Treatment Centre is situated at Leicester Royal Infirmary. It consists of both out-patient and in-patient departments. This is the one centre for Leicester and Leicestershire.

The out-patient Male Clinic is held in the general out-patient department of the infirmary at times when no other Clinic is in session.

Adjoining the out-patient department is an irrigation treatment room.

The Male in-patient department consists of one ward with six beds, a single room with one bed, a treatment room, and office, etc.

The Male V.D. Staff consists of two Medical Officers, a senior Male attendant and two male porters.

The Pathological Department of the Infirmary conducts the major part of the pathological work of the V.D. Department.

The Clerical Staff, and Dispensers of the Infirmary render valuable assistance.

Intermediate treatment (*i.e.*, irrigations, etc.) is given daily by, or, under the supervision of, the senior male attendant from 9 a.m. to 12 noon and 5.30 to 7.30 p.m. ; Saturday 9 a.m. to 1 p.m. Sundays excepted.

Examinations and treatments by the Medical Officers are conducted at the following times :—Children—Mondays 3 to 3.30 p.m. Adults—Mondays 3.30 to 4.30 p.m. Wednesdays and Fridays 6.30 to 7.30 p.m. Thursdays 5 to 6.30 p.m.

Although these are the hours during which the doors are open to receive patients, the usual duration of a session is between two and three hours.

Acute emergency cases are seen at any time between 9 a.m. and 9 p.m.

NEW CASES.

The total number of new Male cases for the year 1936 was 746, (1935—639), an increase of 107 cases as compared with those of 1935.

Table I, here shown, gives details regarding all these new cases. I have distinguished between cases from the City of Leicester (T), and cases from the County of Leicestershire (C).

Of the new cases 317 (1935—277) were “Non-Venereal.” (*i.e.*, Cases who came for examination and tests but were found to be free from V.D.)

There were 266 cases of Gonorrhœa during the year (1935—211), an increase of 55.

The number of new Syphilitic cases was 88 (includes 1 Male child from Female department) as compared with 92 for 1935. The Syphilitics in the acute primary stage numbered 16 (1935—18), those in the secondary stage 13 (1935—12).

There were 3 cases of Soft Sore during the year, (1935—nil).

I do not consider that the increase of gonorrhœal cases need be viewed with concern, as the increase for the area served is probably more apparent than real. It means that we are probably getting the infectious cases to come now to the V.D. Department, whereas before some of these cases either went to general practitioners or saw no one.

CURED CASES.

There were 184 cases of V.D. cured during the year.

DEFAULTERS.

By “defaulters,” I mean those cases who cease to attend either before completion of the necessary treatment or before all tests of cure have been made.

Naturally, the defaulter who has completed most of his treatment, but not the tests of cure, is not such a serious type as the man who has defaulted early in the course of treatment.

Efforts to reduce the number of defaulters to a minimum form one of the chief duties of the Medical Officer in charge of a Venereal Disease Scheme.

Public Lectures on the dangers of venereal diseases help ; and so also do frequent private conversations between patient and venereologist. Speed in getting cases examined and treated is also an important factor, as each case wishes to get home as quickly as possible to avoid unnecessary suspicions.

The question of secrecy in venereal disease treatment makes it quite impossible to send public health visitors to the homes of adult male defaulters, with a view to getting such cases to return for treatment or tests. Indeed, were it not for the fact that great medical secrecy exists in a V.D. Centre, many men suffering from V.D. would otherwise not present themselves at the Department.

The most I can do in addition to the above is to send a non-committal letter to defaulters requesting them to see me at an early date. Two such letters are sent, the second being more strongly worded. In some cases,

one or other of these letters serves its purpose and the patient returns. In other cases, a false address has been given and the letter is returned marked, "Not found."

During the year under review, 61 cases defaulted before completion of treatment. At first sight, this number seems large, but on analysis it is not so serious. (Early syphilitics 7, late syphilitics 19, gonorrhœal 35). Luckily, most of these cases have received a considerable amount of treatment, so that in some cases they have been rendered non-infectious.

PROPAGANDA WORK.

Shortly after taking over control of the Male Venereal Disease Department, in the latter part of 1931, I emphasised the necessity for public lectures on Venereal Diseases.

Up to the end of 1935, I had the privilege and honour of giving a total of 17 lectures on the subject in Leicester or Leicestershire. (Details appeared in Report, 1935) During 1936, two further lectures were given to men in Leicester bringing the total to 19. On both occasions the Lecture Hall was packed and the popularity of such a type of lecture was apparent.

No lectures have been given in Leicestershire since 1934. I feel that it would be wise to give at least one in the County every year.

It is now time that much of the sex ignorance existing among the public in general should be eradicated. It will be a considerable time yet, however, before a widespread accurate knowledge on venereal disease dangers is acquired.

In Leicester the effect of these lectures is definitely seen at the V.D. Department. I admit that they have resulted in non-venereal cases appearing for examination, but patients with definite venereal disease have come as a result of propaganda work. Another result is that there is an increased tendency to come earlier in the infection and also a welcome tendency to avoid irregular treatment.

CO-OPERATION WITH GENERAL PRACTITIONERS.

Nowadays, no early case of venereal disease should go without efficient and extensive treatment. The treatment must be commenced as early as possible and it must be extensive. Perfect co-operation between general practitioners and the V.D. Department is essential. During 1936, no fewer than 223 medicals referred patients to the Male Department. This is the highest on record and I welcome the fact. All letters from general practitioners concerning their patients are answered with care. Naturally, this practice is much appreciated. I am always pleased to offer my professional advice on this branch of medicine to any who desire it.

NUMBERS FROM VARIOUS AREAS IN THE COUNTY.

AREA.	No.
Loughborough	41
Coalville	34
Hinckley	31
Market Harborough	19
Melton Mowbray	18
Lutterworth	11
Within 5 miles of City	55
TOTAL	<hr/> 209 <hr/>

As in previous reports, I again wish to acknowledge the excellent services of the Medical, Nursing, Dispensary and Clerical Staff associated with the Male V.D. Department.

Signed,

C. HAMILTON WILKIE.

**Report on the Female Clinics for Venereal Diseases
for Leicester and Leicestershire for the year 1936.**

The Female V.D. Department for both City and County is carried on at the Leicester Royal Infirmary and at St. Mary's Home, where in-patient and out-patient departments are provided.

At the Leicester Royal Infirmary :—

Out-patients are seen three days a week in the general out-patient department.

In-patients are treated in a special ward containing 7 beds.

1 bed is used in a side ward for Maternity cases.

2 cots for little girls.

Cradles for babies when necessary.

At St. Mary's Home the problem of the unmarried girl is considered:—

Out-patients are seen once a week.

In-patients occupy 9 beds.

4 beds in one ward for pregnant or maternity cases.

5 beds for young unmarried girls.

Patients from other Counties are also admitted.

In addition, at both centres, times are set apart for daily treatment as prescribed. This is undertaken by the Sisters in charge.

All pathology is done at the Pathological Department of the Leicester Royal Infirmary.

PROPHYLACTIC WORK.

This is important and may be described in three ways.

1. Lectures.

Two public lectures have been given by Dr. Mary Newton Davies in the Lecture Room of the Vaughan College and arranged by the Health Office.

Both were well attended, illustrated by lantern slides and ended by a short film showing the evils of postponed treatment.

2. Care of Pregnant Mothers.

Close touch has been kept with the Maternity and Child Welfare Officer and the pregnant mother is examined as soon as possible and treatment commenced if necessary.

This year more mothers have been sent from the City Maternity Hospitals than before.

In this way the unborn child is protected from disease.

3. Examination of contacts.

Examination of the husband and children, or fiancé, is obtained when possible if thought necessary. In this way the families are protected.

All patients are told the nature and cause of the trouble.

NEW CASES.

The total number of New Female Cases for 1936 was 376 (last year the number was 399).

Cases passed on for treatment from 1935 numbered 350.

Analysis of these numbers is as follows :—

New Patients.

Royal Infirmary	....	....	....	....	354
St. Mary's Home	....	....	....	....	22
				TOTAL	376

Cases passed on from 1935.

Royal Infirmary	....	....	....	....	292
St. Mary's Home	....	....	....	....	58
				TOTAL	350

GRAND TOTAL 726

Analysis of New Patients according to District.

Royal Infirmary.

			City	County	Total
Syphilis	....	....	69	49	118
Gonorrhœa	....	....	177	59	236

St. Mary's Home.

	City	County	Total
Syphilis	5	2	7
Gonorrhœa	10	5	15

58 infected cases have been passed on from the Royal Infirmary Clinics to that of St. Mary's Home for treatment.

New cases of :—

Syphilis.

1 showed primary sore with no infection of the blood.

15 showed primary sore with infection of the blood.

42 showed later symptoms.

8 were treated for congenital disease.

Gonorrhœa.

127 cases probably began treatment within the first year of infection.

It is impossible to state the length of time gonorrhœa has existed in a woman after she has been treated by other doctors, which is so often the case before she is sent to the Clinic.

Not suffering from Venereal Disease.

148 have been found to be free from disease.

The majority of these are women who have asked for tests, or who have been advised to be examined and have been tested and kept under observation for the necessary time.

The total number of attendances of Female Patients at both Centres was 9,581.

*Attendances Classified.***Royal Infirmary**

	City	County	Total
Syphilis	2,617	1,302	3,919
Gonorrhœa	3,533	742	4,275
Non-Venereal Disease	229	89	318
			<hr/>
		TOTAL	8,512

St. Mary's Home.

	City	County	Total
Syphilis	110	157	267
Gonorrhœa	300	110	410
Non-Venereal Disease	19	—	19
Extra Dressings	373	—	373
			<hr/>
		TOTAL	1,069
			<hr/>
	GRAND TOTAL		9,581

Results.

115 cases were cured.

Syphilis 22

Gonorrhœa 93

The cure of a woman who has incurred gonorrhœa is one of the most serious problems.

Each case is watched after cessation of treatment for about three months.

This year the time of observation has been decreased and the number of tests lessened, but up to now no case has returned for treatment.

All cases treated by diathermy have been cured.

Average time taken for treatment and cure :—

Unmarried women about $7\frac{1}{2}$ months.

Married women about 14 months.

Defaulters.

57 cases ceased to attend before final tests for cure were made.

Syphilis 2 cases of acute infection.

„ 31 cases who had been treated but not sufficiently.

Gonorrhœa 24 cases.

Letters are sent to defaulters at regular intervals. The Maternity and Child Welfare Department always help when asked.

At St. Mary's Home an outworker visits if attendances are irregular.

Treatment.

Syphilis is treated by disinfection of the blood chiefly by injections.

Gonorrhœa is treated by disinfection of the infected parts.

3,073 injections have been given in the female clinics.

At the Royal Infirmary	....	2,717
At St. Mary's Home	....	356

This includes 132 intravenous injections of Tryparsamide given to old cases of disease of the nervous system.

Diathermy.

This year the diathermy apparatus supplied by the Royal Infirmary has been used for women.

Three visits have been paid to the London Hospitals to learn the up-to-date method of application.

It is found that prolonged heat kills the gonococcus and the aim is to apply heat to the infected part by electrical methods.

Both acute and chronic cases have been treated.

Six treatments lasting about half an hour have been given twice a week if possible.

The danger of burns or hæmorrhage for which this method of treatment is not approved of by some, appears to be obviated by care in application, and the good effects are very apparent.

Of the twelve cases treated since March, all have been discharged cured.

The women chronically infected with gonorrhœa is a potential source of danger to the community and this electrical method of disinfection succeeds when chemical methods have failed.

Ionisation and disinfection by the actual cautery is being tried, but no definite report can yet be given.

Children.

Special time, after school hours, is kept one evening in the week for treatment of children.

Little boys as well as girls are treated in the female department.

The mother and father of each case are told to come for examination, also other children in the family if thought necessary.

42 new cases have been examined.

	City	County	Total
Syphilis acquired	1	3	4
Congenital syphilis	4	4	8
Gonorrhœal vulvo-vaginitis	7	7	14
Not suffering from V.D.	9	7	16
		TOTAL	42

Of these, 12 are of school age, 4 from the City and 8 from the County.

All cases of acute infection of gonorrhœa in children are taken, at once, into the ward, and are kept from 6 weeks to 2 months or even longer.

All babies whose mothers have had ante-natal treatment are watched and afterwards passed on to the Child Welfare Centres.

Ante-Natal Work.

Treatment is started as early as possible and given all through pregnancy.

33 pregnant cases have been examined.

10 cases have been watched and diagnosed "Not suffering from venereal disease."

7 cases have been treated and sent to their own doctor for confinement.

16 confinements have taken place in the Maternity ward.

Syphilitic cases 2.

1 baby apparently healthy.

1 baby showed positive signs of syphilis.

(The mother of this baby suffered from congenital syphilis).

Gonorrhœal cases 14.

12 healthy babies.

1 stillborn.

1 premature.

In-Patient Department.

The number of cases treated in the wards was 147.

Royal Infirmary	....	120
St. Mary's Home	....	27

In addition 15 babies have been born alive in the Maternity Ward and 1 in St. Mary's Home.

Analysis of Cases.

Royal Infirmary.

				City	County	Total
Syphilis	....	....	....	17	9	26
Gonorrhœa	....	....	....	60	25	85
Non V.D.	....	....	....	7	2	9
						—
						120
						—

St. Mary's Home.

City	County	Total
14	10	24
		—
Other Counties		3
		—
TOTAL		27
		—

Cases treated in the Wards are chiefly the infectious types, or those with complications.

No major operations have been performed this year.

Early cases of acute disease in the infectious stage are admitted as soon as possible :—

Primary syphilis 1 ; secondary syphilis 6 ; acute gonorrhœa 20 ; acute gonorrhœa in little girls 6 ; ophthalmia neonatorum 4 ; gonorrhœal rheumatism 2 ; operations for dilatation and curettage of chronic cases 6 ; operation for abscess 8 (only 2 were admitted) ; old ulceration of leg 2 ; jaundice 1 ; dermatitis 1.

"Follow-up" Work.

The Maternity and Child Welfare Department is a valuable medium through which the mother and baby is watched.

The School Medical Officer is informed when a child is fit for school.

At St. Mary's Home a special visitor helps the girls who are well, to obtain suitable work, lodgings and good foster mothers for the babies when necessary.

Personal interest in each case is an exceedingly valuable help and the patients much appreciate this.

I should like to express my thanks to my assistant Dr. Mary Newton Davies and to the Sisters and Nurses in charge of both departments during the past year.

Signed, BESSIE W. SYMINGTON, M.D., B.S.(Lond.)

(Medical Officer of Female Venereal Clinic).

SANITARY CIRCUMSTANCES OF THE COUNTY.

(a) RAINFALL IN 1936.

The following table prepared by Mr. G. F. Stacey, the Surveyor of Wigston Magna Urban District, shows the rainfall month by month during the year :—

Rainfall in 1936.

At Wigston U.D.C. Sewage Farm, Countesthorpe Road in the County of Leicester.

Rain gauge	Diameter of Funnel	....	....	8 in.
	Height of top above ground	....	....	9 in.
	Height of ground above sea level	256.85 ft.		

Month	Total Depth	Greatest Fall in 24 hours		No. of days with .01 inch or more	No. of days with .04 inch or more
	Inches	Inches	Date		
January	2.77	0.60	30th	23	13
February	2.18	0.57	1st	18	10
March	1.59	0.29	27th	21	13
April	2.14	0.45	2nd	18	12
May	0.88	0.38	23rd	6	4
June	4.83	1.83	22nd	19	14
July	4.57	1.02	3rd	22	17
August	2.14	1.45	11th	8	6
September	2.62	0.53	13th	21	13
October	1.24	0.21	31st	20	12
November	2.28	0.60	17th	25	11
December	1.61	0.30	15th	22	12
Total	28.85	—	—	223	137

I am indebted to Mr. Stacey for the information with reference to the rainfall in his district.

GENERAL SURVEY.

The information given below is obtained from the reports made by the District Sanitary Inspectors and from investigations made by Officers of this Department.

(1) WATER.

There has been considerable improvement in the water supply of many districts of the County during the year.

With the continued development of housing schemes it has been necessary to augment the water supply to several areas by the extension of existing water mains, with consequent benefit to the inhabitants of the areas supplied.

The following information shows the more important extensions or improvements carried out in the Urban Districts :—

URBAN DISTRICTS.

Ashby-de-la-Zouch.

The supply of water has been satisfactory in quality and quantity. No restrictions were found necessary during the year.

It is proposed to extend the water main to supply the whole of the village of Blackfordby and the houses adjoining the Leicester Road, New Packington in the near future.

Ashby Woulds.

The quality has been satisfactory and supply sufficient for all purposes.

Coalville.

The quality of the public supplies has not yet regained its former high standard and it is still necessary to chlorinate the water. All samples of the chlorinated water have been satisfactory. The manual chlorinator at the Ellistown Colliery has been replaced by an automatic plant. A scheme is under consideration for the extension of mains to the added areas. No restrictions were found necessary during the year.

Hinckley.

The quality has been satisfactory and the supply sufficient for all purposes. It was found necessary to extend the water mains 1-2 miles to keep pace with the building developments.

Loughborough.

The water main has been extended to supply Hathern. No restrictions were found necessary during the year.

Market Harborough.

The two new wells constructed at Husbands Bosworth were brought into use in May. The water is raised by electrically-driven pumps and delivered through two miles of new mains to a connection with the existing 10 inch trunk main to Market Harborough. The supply from the combined sources (now comprising ten wells altogether) has been ample throughout the year.

Two samples of the public supply have been analysed during the year and the reports show the standard of purity to be well maintained.

Melton Mowbray.

Extensions to mains have been made in the Nottingham Road, Scalford Road, Welby Lane, Asfordby Road and Mill Street districts to supply new building estates. The work in connection with the joint water scheme (Melton Mowbray Urban and Melton and Belvoir Rural) is now proceeding. A supply has already been given to Asfordby and

further villages will be supplied during the next few months. No shortage has been experienced.

Oadby.

No extension or shortage reported.

Shepshed.

No extension or shortage reported. In 15 cases a public supply was substituted for well water.

Wigston.

The area has a constant, adequate and wholesome supply of water provided by the Leicester City Corporation. With only 18 exceptions, 12 of which are in the area recently added to the Urban District, all houses have town water supply.

During the year, 38 dwelling houses had a piped supply laid on to sculleries where formerly such supply was from a stand pipe in the yard.

To deal with new housing developments some additional 330 linear yards of new mains were laid during the year.

RURAL DISTRICTS.

Ashby-de-la-Zouch.

Shortage occurred in the Parish of Swannington and water carting had to be carried out. This Parish will eventually form a part of the proposed area to be supplied from boreholes at Heather.

Barrow-on-Soar No. 1.

The Leicester City mains have been laid throughout the village of Walton-on-the-Wolds. A scheme has been prepared and work will commence at an early date to provide water from mains for the parish of Hoton.

Barrow-on-Soar No. 2.

The scheme for extending the Leicester City water mains to Seagrave, Ratcliffe-on-the-Wreake, Rearsby and Thrussington was completed early in the year. No shortage was experienced during 1936 throughout the area.

Billesdon.

The Leicester City water mains were extended to Great Glen. A shortage of water occurred in parts of Houghton-on-the-Hill and schemes to supply this village and also Owston are under consideration.

Blaby.

No shortage was experienced and extensions to mains have been carried out in various estates which have developed and also in the Parish of Sapcote.

Castle Donington.

The Loughborough Borough water mains have been extended to the villages of Belton and Long Whatton. No actual shortage was experienced during the year.

Lutterworth.

The water scheme for Ullesthorpe and Claybrooke is now completed. Lutterworth have now decided to augment their present supply from a new well constructed at the "Vedonis" Works.

There was a shortage of water in parts of Broughton Astley and the quality of supply in this village is very poor.

Market Bosworth.

At Ibstock the water mains have been extended in Battram Road 2,240 linear yards and at Peckleton Road, Desford, 850 linear yards. No complaints of shortage of water were received during the year.

Market Harborough.

The Leicester City mains have been laid on to the parishes of Smeeton, Kibworth Beauchamp, Kibworth Harcourt and Fleckney. In previous years the shortage during the summer months has been most severe in these parishes; approximately 300 applications have been made for connections to the main supply.

Arrangements are in hand to provide a private piped supply to all the houses in the village of Stonton Wyville.

There was acute shortage of water at Kibworth, where the public and private wells dried up during the summer and water had to be carted, and also shortage at Fleckney and Smeeton, but the mains supply is now available.

Melton Mowbray.

A piped water supply has been laid on to the village of Asfordby under the Joint Water Scheme with the Melton Mowbray Urban District Council and part of this village was taking this water at the end of the year. The remaining portion will shortly be connected up.

A scheme for the supply of drinking water to the village of Eastwell is nearly completed.

In conjunction with the Melton Mowbray Urban District Council (Joint Water Scheme), a scheme has been prepared for the supply of water to the villages of Long Clawson, Harby, Hose, Holwell, Wartnaby, Ab-Kettleby, Thorpe Arnold and Burton Lazars. The scheme was commenced in September and work is progressing satisfactorily.

The schemes for the supply of drinking water to Wymondham, Garthorpe, Edmondthorpe, Nether Broughton, Old Dalby and Somerby are still under consideration.

No shortage of water was reported during the year.

(2) **SWIMMING BATHS AND POOLS.**

There are 17 Swimming Baths and Pools in the County, 9 are publicly owned and 8 privately owned.

The action taken to ensure the satisfactory condition of the water is as follows :—

URBAN DISTRICTS.

Ashby-de-la-Zouch.

The water is run out and the bath cleansed with "Chloros" fortnightly. There is a constant stream of clear water running through the bath and the water is chlorinated frequently.

Coalville.

Water is supplied from the town mains and filtered by "Paterson's" filters and chlorinated ; the water in the bath being completely "turned over" every $3\frac{1}{2}$ hours. Tests for chlorination are made twice daily and the water is also examined bacteriologically during the swimming season. The baths are closed each year from October to April.

Hinckley.

The water in the public bath is supplied from the town mains and filtered by "Royles" filters and chlorinated ; the water in the bath being turned over every 4 hours.

Loughborough.

Modern filtration plant is installed in the public-owned bath ; the privately owned pools are open air.

Market Harborough.

The water is circulated through a "Paterson" filtration and chlorination plant, giving a complete turn over every four hours and regular tests of the water are made.

Melton Mowbray.

The water is regularly disinfected with "Chloros."

Oadby.

The water in the public swimming bath is changed twice a week during the season instead of weekly as previously.

Wigston.

Canal water is used for the public-owned bath and as such its quality is decidedly suspicious. It is, however, passed through a media filter before use and is also treated with Chlorine, whilst very frequent changes have to be made.

Billesdon.

There is only one bath and this is fed by constant spring water.

Lutterworth.

No action has been taken with the three privately owned swimming pools.

(3) RIVERS AND STREAMS.

The various rivers and streams in the County, especially the tributaries of the River Soar, have been inspected at regular intervals. Samples of water were taken for analysis from points at short distances above and below where effluents from sewage farms enter rivers or streams.

During the year 188 samples were taken for the purpose of laboratory analysis in order to detect pollution ; an increase of 157 samples on last year.

(4) DRAINAGE AND SEWERAGE.

The sewage works or farms in the County are inspected with regard to their construction and mode of working. The co-operation of the Surveyor or Sanitary Inspector responsible for the farm is sought whenever practicable in making these inspections. If the general state of the farm is not satisfactory the official in charge is communicated with and a re-inspection made after a short interval.

If the effluent discharging into a neighbouring stream is such that it is likely to prove a source of danger to the community, a special report is made to the Public Health Committee and a copy of this report is sent to the Local Authority responsible for the works. These steps usually result in an abatement of the pollution.

During the year 67 samples of sewage effluents were brought to the laboratory for analysis.

The following is the more important information obtained from the reports of the Local Sanitary Officers as to improvements carried out and schemes under consideration :—

Urban Districts.**ASHBY-DE-LA-ZOUCH.**

A scheme for the extension of the sewer in Tamworth Road and Willesley Lane has been approved.

HINCKLEY.

Sewers have been extended 1.5 miles in the Lower Coventry Road, Ashby Road, Wykin Road and Leicester Road, Hinckley and on the Burbage Estate.

The following works of sewerage are under consideration :—

- 1.—To sewer the Equity Estate, Earl Shilton, under the provisions of the Private Street Works Act.
- 2.—To sewer the Sketchley Hill Estate which has been purchased for building development. The owners propose to sewer the whole of this Estate.

LOUGHBOROUGH.

Extensions of the sewers in Lemington Street, Turner Avenue, Charnwood Avenue, Whitehouse Avenue, Mountfield Drive and Carrington Street (30 yards) have been carried out. The reconstruction of two main outfall sewers is contemplated.

MARKET HARBOROUGH.

A new building has been completed which provides enlarged engine and pump room and office with a certain amount of laboratory equipment for the Manager. A regular system of tests is now in operation on all effluents and has proved of value in regulating the period of use and rest given to the various sections of land. The sludge pumping machinery has been improved by the provision of a new centrifugal pump driven by a 12½ h.p. oil engine ; the old engine and pump being retained as a standby.

New sewers, 500 yards in length, have been laid as part of the new Roman Way works for foul and surface drainage.

OADBY.

The sewerage of London Road from Queen Street and Glen Road to Glen Gorse has been let. A new street has been sewerage from Harborough Road to Stoughton Road thus allowing six cesspools in this street to be abolished.

WIGSTON.

The sewers have been extended approximately 792 linear yards from Church Nook to Mere Road.

A new pumping station coupling up Wigston Fields and Aylestone Lane, two new 150 gallon ejectors and rising main at Wigston Fields, a new trunk sewer part distance South Wigston to Wigston Magna, and additional filtration plant at the Sewage Works are under consideration.

Rural Districts.**ASHBY-DE-LA-ZOUCH.**

During the year 43 yards of 6 inch sewer extension were laid at Oakthorpe.

Extensions of sewers at Donisthorpe and Swannington are at present under consideration.

BARROW-ON-SOAR No 1

A new sewage disposal works at Wymeswold has been completed and sewer extensions have been carried out at Newtown Linford 1,930 yards, Anstey 1,600 yards, Thurstaston 1,100 yards, Rothley 150 yards and Mountsorrel 100 yards.

A main drainage scheme and disposal works at Thurstaston, disposal works at Walton and Mountsorrel and sewer extensions at Barrow-on-Soar are under consideration.

BARROW-ON-SOAR No. 2.

Sewers have been extended at Seagrave Road, Sileby and Thurmaston.

Sewerage schemes are contemplated for the parishes of Queniborough and Cossington, and alterations and extensions to the sewerage works at Birstall and Sileby are under consideration.

BILLESDON.

A number of sections of defective sewer have been replaced.

Sewerage schemes for Thurnby and Bushby have been prepared but deferred on grounds of cost and refusal of District Council to make a grant.

BLABY.

Extensions to the sewers in Kirby Muxloe and Glen Park Avenue, Glenfield have been carried out, also additions to the outfall works at Glenfield and Kirby Muxloe.

The following works of sewerage are under consideration :—

- (1) New sewers and disposal works at Croft and Huncote.
- (2) Additions to outfall works at Blaby, Whetstone and Braunstone.
- (3) Extensions of sewers in Cosby Road, Whetstone and the Braunstone Estates.

CASTLE DONINGTON.

A sewerage scheme in the parish of Lockington has been launched.

LUTTERWORTH.

New sewers have been laid in the parishes of Claybrook, Magna, Ashby Magna, Arnesby and Cotesbach.

The provision of a sewerage scheme for the parishes of Bitteswell and Broughton Astley is under consideration.

MARKET BOSWORTH.

Extensions of the following sewers have been carried out :—

Groby	....	Field Road	....	1,658 yards of 9 inch sewer.
Groby	....	Leicester Road....		530 yards of 12 inch sewer.
Ibstock	....	Pretoria Road		698 yards of 9 inch sewer.
Ratby	....	Markfield Road		351 yards of 9 inch sewer.

The laying of 874 yards of 9 inch twin sewer in Groby is in progress.

The new sewers and sewerage works in the parish of Barlestone have been completed and at present new sewers and sewerage works at Newbold Verdon and Higham-on-the-Hill are under consideration.

MARKET HARBOROUGH.

In the parishes of Lubenham, Medbourne and Blaston new sewers and sewage works have been carried out. Two schemes are in hand to provide new sewers and sewage works at Glooston and Husbands Bosworth and at present new sewers and sewage works at Smeeton, Saddington and Langton are under consideration.

MELTON MOWBRAY.

Work in connection with re-sewering and new sewage works at Nether Broughton was commenced in June and will be shortly completed; the re-sewering and extensions to sewage disposal works at Asfordby has been commenced.

New sewers were laid during the year at Eaton 62 yards, Harby 100 yards, Hose 500 yards and Saxelby 400 yards and sewers were re-laid at Barkestone 100 yards, Stathern 100 yards, Barsby 100 yards and Rotherby 100 yards.

Schemes for sewage disposal for Long Clawson, Hose and Harby are under consideration.

(5) CLOSET ACCOMMODATION.

It is noted that the number of conversions to water closets carried out in the County districts during 1936 was 447, a decrease of 1,291 on 1935.

In addition 167 privies were converted to pail closets during the year. This is an increase of 49 on 1935.

(6) SCAVENGING.

The necessity for providing a proper system of public cleansing is more generally recognised than it used to be but, even now the standard of scavenging in some parts is not very high. In the villages and hamlets which have no scavenging service it is quite common to see large accumulations of ashes and refuse in gardens, no proper receptacles for the storage of refuse and roadside ponds turned into rubbish tips. Many householders are obliged to empty and cleanse pail closets and privies and dispose of their household refuse on common tips, no attempt ever being made to cover the refuse, which is usually deposited in an indiscriminate manner.

The scavenging of every parish in a rural district is impracticable, especially in those parishes having a small population and a large acreage, but there is a real need for this service to be extended to a number of parishes in the County.

The methods adopted and the chief improvements in this branch of sanitary work during the year are noted overleaf :—

Urban Districts :—**ASHBY-DE-LA-ZOUCH.**

House refuse is collected weekly with a covered motor lorry and carted to tips where it is deposited in layers and covered with earth. Earth closets and privies are emptied at night by Council workmen and the contents carted on to suitable land and ploughed in.

Scavenging at Blackfordby has been adopted and is carried out by contract.

ASHBY WOULD.

House refuse is collected weekly by the Council's workmen with a covered motor lorry and conveyed to refuse tips where it is deposited in layers and covered with soil.

COALVILLE.

Dustbins and dry ashpits are emptied during the day and the refuse is deposited at various tips operated on the "controlled" system. Weekly collections for dustbins—every four or five weeks for dry ashpits. Pails and privy-middens are cleansed between 10 p.m. and 6 a.m. and the refuse disposed on suitable agricultural land.

HINCKLEY.

House refuse is collected by direct labour in Hinckley with horse drawn vehicles and is disposed on land by controlled tipping.

In Barwell, Burbage, Earl Shilton and Stoke Golding wards, the refuse is collected by contractors and disposed of by controlled tipping at Barwell and by tipping at Burbage, Earl Shilton and Stoke Golding. These tips are raked and trimmed and kept as satisfactory as disposal by this method will allow.

LOUGHBOROUGH.

The house refuse is collected weekly by motor and disposed of by destructor and controlled tipping.

MARKET HARBOROUGH.

House refuse is collected weekly, by the Council's staff, using an S.D. freighter Motor vehicle, and is disposed of by incineration at the Council's destructor.

MELTON MOWBRAY.

The house refuse is collected weekly by motor lorry and destroyed. During a part of the year the Destructor was closed for repairs and the refuse was disposed of by controlled tipping. The Destructor is now being used again.

OADBY.

Refuse is collected weekly by Council's staff and disposed of by means of controlled tipping.

SHEPSHED.

House refuse is collected by Council's scavenging staff in covered lorries and disposed of by tipping. The tips are situated at a considerable distance from dwellings.

WIGSTON.

The house refuse is collected weekly from all dwelling houses by direct labour and from trade premises upon request. Two covered tipping motor vehicles are employed. "D" type containers are collected from and returned to rear of houses. The refuse is disposed by controlled tipping to depth of 10 ft. in two 5 ft. layers.

The cleansing services have been extended to the recently added area of East Wigston.

Rural Districts.**ASHBY-DE-LA-ZOUCH.**

The house refuse is removed by contract and deposited at tips either owned or leased by the Local Authority. Night soil and cesspool contents are tipped on agricultural land for manurial purposes.

BARROW-ON-SOAR No. 1.

The house refuse is removed weekly by contractors or the Council's workmen and disposed of by controlled tipping. Pail closets are emptied weekly by contractors and disposed of on land. Cesspools are emptied by the owners.

BARROW-ON-SOAR No. 2.

In ten parishes the house refuse is collected weekly by contractors and in some cases the contractors find their own means of disposal. In two parishes the work is done by direct labour and at Thurmaston the refuse is disposed of by controlled tipping.

BILLESDON.

House refuse is removed by contract in Billesdon, Burton Overy and Great Glen and disposed of by dumping; the cleansing of earth closets, privies and ash-pits is also undertaken in the above parishes and the contents disposed on land.

During the year schemes were prepared for the scavenging of parts of the district, and also a scheme for centralised scavenging for the whole district. These were all rejected.

BLABY.

A centralised system of scavenging by direct labour has been inaugurated; the house refuse is disposed of by controlled tipping; night soil is collected, and cesspools emptied, by motor tanks and the contents discharged into convenient sewers.

CASTLE DONINGTON.

House refuse is collected and disposed of under controlled tipping at Castle Donington ; tins are collected weekly in Kegworth, and Breedon ; no provision is made for the other parishes. A comprehensive scheme for the whole district has been approved and will commence during 1937.

LUTTERWORTH.

The Council remove house refuse by direct labour in Lutterworth and by contract in 17 parishes where the refuse is removed to suitable tips. In other parishes the occupiers remove their own refuse. The parish of Peatling Parva has adopted a scavenging scheme during the year.

MARKET BOSWORTH.

In this district, 11 of the larger parishes employ contractors for the removal of house refuse ; earth closets and privies are also dealt with by the contractor, who deposits the house refuse on various tips and the night soil on agricultural land.

MARKET HARBOROUGH.

In seven parishes the house refuse is collected weekly by contract and tipped ; in two parishes the night soil is collected weekly with periodic emptying of privies and ash-pits ; in seven parishes there is only a quarterly collection of refuse—this is carried out by contract. In all other parishes the disposal of night soil and the cleansing of earth closets and ash-pits is carried out by the occupiers. During this last year a weekly, instead of fortnightly collection, was instituted in one parish, and a quarterly collection was authorised in five parishes.

MELTON MOWBRAY.

Weekly collections of house refuse are carried out by the Council's Scavengers in 14 of the larger villages, the refuse being taken to suitable tips and covered up. In these villages the night soil is also collected by the Council's Scavengers and taken on to arable land to be ploughed in. Monthly collections of tins are undertaken in a number of villages but in others the tenants are responsible for the removal of their own refuse.

During the year a weekly collection of refuse and night soil was instituted in one village.

(7) SANITARY INSPECTION.

The following information has been extracted from the reports of the District Sanitary Inspectors :—

	Urban.	Rural.	Total.
Premises visited	33,333	19,771	53,104
Defects or nuisances found	5,924	4,504	10,428
Complaints received	627	559	1,186
Inspection for all purposes	42,684	31,206	73,890
Notices served :—			
Formal	244	234	478
Informal	2,285	1,937	4,222
Summonses issued	4	—	4
Convictions obtained	4	—	4

(8) PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

(a) Common Lodging Houses.

There are five registered in the County and 34 visits of inspection were made.

(b) Tents, Vans and Sheds.

The law governing these habitations is unsatisfactory. Caravans are intended for travelling people and are not suitable for use as fixed dwelling houses and their standing for long periods should be prohibited. There are approximately 140 of these structures throughout the county and 197 inspections were made.

The action taken in the County is as follows :—

Coalville.

A number of caravans (continually fluctuating), camped in fields in one of the added areas, have given considerable trouble owing to the lack of Bye-Laws in this area. It is hoped that before long authority will be given to apply Bye-Laws to these added areas.

Hinckley.

A statutory notice was served upon the occupier of a motor van body which he was using as a dwelling house. The van was removed as a result of this action.

Loughborough.

Tents, Vans and Sheds are inspected on arrival into the district and generally move off before notices can be served.

Wigston.

Five vans appear to be permanently established housing 8 adults and 2 children. With one exception sanitation is very good. Van dwellers, show people, etc. are very closely supervised and moved on at the earliest opportunity.

(c) Canal Boats.

There are 42 boats registered with authorities in the County. 46 inspections were made and no contraventions of regulations were found.

(d) Premises in which offensive trades are carried on.

There are 49 such premises in the County and 243 visits of inspection were made.

(9) SMOKE ABATEMENT.

At the present time powers exist for dealing with emissions of black smoke from all chimneys other than those of private dwelling houses. It is a subject which presents peculiar difficulties but much

has been done, and is being done, towards the purifying of the atmosphere in most districts by the prevention of excessive emissions of black smoke from industrial chimneys.

Smoke can be reduced if proper methods of stoking, efficient regulation of air supply to the furnaces, a good class of fuel and efficient supervision on the part of stokers or engineers in charge of plants, are adopted, and improvements can be effected with a minimum of expenditure, if any, with economical results.

A standard of smoke emission should be adopted. A fair standard is three minutes of dense smoke in the aggregate during a continuous period of thirty minutes and any emission in excess of that limit should be deemed to be a nuisance.

The particulars of action taken during the year are as follows:—

URBAN DISTRICTS.

Ashby-de-la-Zouch.

Four nuisances from smoking chimneys were dealt with during the year.

Hinckley.

Eighty-nine observations and inspections were made in connection with 21 premises. As a result of these observations, 10 nuisances were discovered and 9 of these were abated by the installation of special smoke abatement plant or by greater care being taken in stoking.

Loughborough.

Observations have been taken during the year of the Factory Chimneys and where black smoke has been emitted in large quantities, the owner has been interviewed, or a letter sent, and considerable improvement has resulted.

Market Harborough.

During the year, 23 observations and inspections were made and 2 nuisances abated.

Wigston.

Periodical observation from 30-60 minutes were made in 38 cases involving 14 factory chimneys. Informal letters and visits followed most observations and statutory action has not been necessary. Open burning of trade refuse has been considerably reduced, owing to advantageous terms offered by the Authority for collection, and facilities given for free disposal at the tip.

RURAL DISTRICTS.

Barrow-on-Soar No. 1.

Observation was kept on several chimneys, the owners were advised of any nuisance, and improvement was effected.

Barrow-on-Soar No. 2.

Only one complaint regarding a smoke nuisance was received and this was abated by service of an informal notice.

Castle Donington.

One nuisance occurred during the year and this was abated by service of an informal notice.

Market Harborough.

Complaints have been received about one factory ; the nuisance has been remedied after informal action.

In other districts no action was found necessary.

BACTERIOLOGICAL AND CHEMICAL WORK.

The following examinations were made in the County Laboratory during the year :—

Bacteriological milk examinations	....	....	2,770
Swabs for diphtheria	....	....	2,596
Sputa for tubercle bacilli	....	....	1,206
Sewage and water analyses	....	....	352
Urine, general and bacteriological	....	....	256
Urine for tubercle bacilli	....	....	129
*Wassermann tests	....	....	115
Widal tests for typhoid fever	....	....	96
Films for gonococci	....	....	39
Hair for ringworm	....	....	38
Blood counts	....	....	28
Fæces for bacillus typhosus	....	....	21
Urine for bacillus typhosus	....	....	18
Milk for fat content	....	....	13
Miscellaneous	....	....	28
			<hr/> 7,705

* The samples for Wassermann reaction are sent to the Leicester Royal Infirmary.

The total number of examinations made was 972 more than last year, and is the highest number made during the seventeen years the laboratory has been in existence. In 1920, 2,449 examinations were made.

There was an increase of 306 in the number of swabs examined for diphtheria, although swabs from patients in the Isolation Hospital at Markfield are now examined there.

The samples of milk from urban and rural districts have fallen off during the last two years, mainly due to the influx of samples from producers desiring accredited licences. However, in spite of this the total number of samples examined was 2,770, 302 more than in 1935.

The total number of examinations made now totals 76,135. The laboratory provides an income, as throat swabs from Isolation Hospitals, sputa for T.B., some water examinations, and milk samples from the urban and rural districts are paid for by the authorities and committees concerned. The total amount received during the year was approximately £440.

Milk Examinations.

The number of these examinations has steadily increased from 695 in the year 1925 to 2,770 in 1936, a rise of 2,075.

The 2,770 samples examined this year were received from the following sources :—

Urban and Rural Districts	....	....	....	766
Accredited Producers	....	....	....	705
Supplies to school children	....	....	....	503
Prospective Accredited Producers	....	....	....	542
Poor Law Institutions	....	....	....	123
Miscellaneous	....	....	....	131

The samples from urban and rural districts were classified as in previous years, "Good," "Fair," "Moderate," and "Bad," according to the bacteria count and bacillus coli content, and the following table shows how the 766 samples from these sources came within these four categories. Details of these classifications have been given in previous reports.

URBAN DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
311	258	37	1	15
	(83.0%)	(11.9%)	(0.3%)	(4.8%)

RURAL DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
455	325	94	5	31
	(71.4%)	(20.7%)	(1.1%)	(6.8%)

COMBINED URBAN AND RURAL DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
766	583	131	6	46
	(76.1%)	(17.1%)	(0.8%)	(6.0%)

The corresponding figures for the examinations carried out in 1925, 1930, and 1936 are given for comparison, and the steady improvement is noticeable.

Year.	Total.	Good.	Fair.	Moderate.	Bad.	Percentage up to Grade A Standard.
1925	589	320	112	14	143	45
		(54.3%)	(19.0%)	(2.4%)	(24.3%)	
1930	665	410	180	8	67	
		(61.6%)	(27.1%)	(1.2%)	(10.1%)	(54.7%)
1936	766	583	131	6	46	
		(76.1%)	(17.1%)	(0.8%)	(6.0%)	(72.8%)

A special report on the marked improvement which has taken place during the 12 years the scheme has been in operation has already been published. Copies of it have been sent to all the urban and rural district Councils.

A further analysis of the results of the examinations made during the year under review is interesting as it shows that :—

321 or 41.9%	contained less than 30,000 organisms per c.c.
346 or 45.2%	„ between 30 & 200,000 organisms per c.c.
99 or 12.9%	„ more than 200,000 organisms per c.c.

And that :—

In 545 or 71.1%	B. Coli. were absent from 1/10th c.c.
In 58 or 7.6%	„ „ present in 1/10th but not in 1/100th c.c.
In 125 or 16.3%	„ „ „ „ 1/100th „ „ 1/1000th c.c.
In 38 or 5.0%	„ „ „ „ 1/1000th c.c.

558 or 72.8% of the samples came up to the standard for accredited milk, that is, had a bacteria count of less than 200,000 organisms per c.c. and contained no B. Coli in 1/100th c.c. Even better results are shown if the bacteria count only is considered as the number of samples reaching this standard was 667 or 87.1%.

The sanitary inspectors again co-operated whole-heartedly in the scheme for examining samples from the various urban and rural districts and much of the improvement which has taken place must be attributed to them.

A similar analysis of the results of the examinations of the 503 samples of milk supplied to school children shows that :—

270 or 53.7%	contained less than 30,000 organisms per c.c.
155 or 30.8%	„ between 30 & 200,000 organisms per c.c.
78 or 15.5%	„ more than 200,000 organisms per c.c.

And that :—

396 or 78.7%	contained no B. Coli in 1/10th c.c.
41 or 8.2%	„ B. Coli in 1/10th but not in 1/100th c.c.
54 or 10.7%	„ „ „ 1/100th but not in 1/1000th c.c.
12 or 2.4%	„ „ „ 1/1000th c.c.

Where possible accredited milk is supplied to schools, and where it is not available the contractor is expected to make every effort to supply milk which is bacteriologically of accredited quality. 71.1% of the milk supplied was of this quality and on bacteria count alone this percentage was as high as 84.5. During the year there has been a steady increase in the amount of pasteurised milk supplied to schools.

During the year, 705 samples of accredited milk were examined and 112 were not up to the required standard. Several of these 112 were "repeat" samples from farms where some little difficulty had arisen.

Diphtheria.

The 2,596 swabs for diphtheria of which 313 were positive were received from the following sources :—

General Practitioners	....	....	....	....	1,169
Isolation Hospitals (including Markfield I.H.)					1,097
School children	....	....	....	....	330

382 of the swabs were from Loughborough district and 271 from the Market Bosworth Rural District, both these districts suffered from epidemics of diphtheria. Those from the Market Bosworth Rural District were mostly taken in the Markfield area.

All patients in the isolation hospitals must have at least three successive negative swabs before being discharged.

Tuberculosis.

The 1,206 specimens of sputa examined, 230 of which were positive, were received from the following :—

Tuberculosis medical officers	....	....	....	....	596
General practitioners	....	....	....	....	610

In addition to these specimens of sputa 129 samples of urine were examined for T.B., and 11 of them were positive.

Sewage and Water Analysis.

The number of sewage and water samples examined (352) shows an increase of 128. The samples were of drinking supplies, sewage effluents and rivers and streams containing effluents.

Hair for Ringworm.

The school medical officers and nurses sent in practically all these specimens, 20 of which were positive. Some of the children attended the laboratory for this examination.

Typhoid and Para-typhoid Fevers.

There was a decrease in the number of specimens of blood received for diagnosis of these diseases, the number being 96 against 105 last year. Sixteen of them were positive.

There were also 39 specimens of urine and faeces examined to ensure that patients were free from infection before being discharged from hospital.

Venereal Diseases.

In connection with venereal diseases, 39 examinations of pathological material were made. They were all films for gonococci and were received from general practitioners. The 115 specimens of blood for Wassermann reaction were sent as usual to the Leicester Royal Infirmary. These were also from general practitioners.

General.

The following table shows from which districts in the County the various specimens were received.

URBAN DISTRICTS.				RURAL DISTRICTS.			
Ashby-de-la-Zouch	....	92		Ashby-de-la-Zouch	....	....	311
Ashby Woulds	....	47		Barrow-on-Soar	....	....	820
Coalville	....	345		Billesdon	....	....	361
Hinckley	....	514		Blaby	....	....	648
Loughboro' Mun. Boro'	....	786		Castle Donington	....	....	207
Market Harborough	....	117		Lutterworth	....	....	259
Melton Mowbray	....	219		Market Bosworth	....	....	780
Oadby	....	104		Market Harborough	....	....	203
Shepshed	....	72		Melton Mowbray & Belvoir	....	....	394
Wigston	....	182					

Specimens were also received from :—

Markfield Sanatorium	....	214
Hinckley Isolation Hospital	....	241
Blaby Isolation Hospital	....	287
Melton Mowbray Isolation Hospital	.... .... ....	502

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

During the year much time and attention, both by County and local public health officials, has been devoted to the problems involved in the production of a pure and safe milk supply.

In the administrative County area there are 2,695 registered cow-keepers, of which 395 are licensed graded milk producers, and 1,480 registered dairymen or purveyors of milk. The number of farms is 2,977 approximately with a cow population of 42,973.

Inspections of farm premises by the local officials in 1936 numbered 3,491 and a number of routine inspections were made by the County Sanitary Inspector in co-operation with the local officials. 1,120 visits to farms were made by officers of the County Council. On these visits the opportunity is taken to impress upon milk producers the necessity, from the point of view of public health, of a high standard of bacteriological purity of milk and that to ensure this a rigid standard of cleanliness, in all stages of production and distribution must be adhered to. To achieve an adequate, clean and safe supply of milk is a matter which involves the highest interests of the public health.

Milk and Dairies (Consolidation) Act, 1915, Section 4.

All reports received from other Local Authorities showing the presence of tubercle bacilli in milk produced in the County are investigated by the Veterinary Department under the control of the County Veterinary Officer.

During the year 29 reports have been received :—Atherstone R.D.C. 1 ; Birmingham C.B.C. 8 ; Coalville U.D.C. 3 ; Leicester C.B.C. 8 ; London C.C. 3 ; Long Eaton U.D.C. 4 ; Nottinghamshire C.C. 1 ; Willesdon M.C. 1.

These reports necessitated the examination of 714 milking and 92 dry cows contained in the suspected herds and in 5 cases second visits were necessary.

Arising from these examinations 240 samples of milk and 9 samples of sputa were taken and examined microscopically by the veterinary staff. Nine of the milk samples and 6 sputa were positive ; the remaining milk samples were forwarded to Cambridge University for biological test.

The following show the results of the herds examined :—

Tuberculosis found on first inspection	....	....	18
Tuberculosis found on second inspection	....	....	4
(includes one case where a tuberculous cow was also found on first inspection).			

Cows which had been removed between the date of the initial sample and veterinary examination :—

(a) Disposed of	....	....	....	....	39
(b) Found during routine inspection of the herd under the Milk and Dairies Order, 1926	....	....	....	....	1

In eight herds no symptoms of tuberculosis could be found on clinical examination. Control samples of milk taken from all the cows proved to be negative on being biologically tested.

The Milk (Special Designations) Order, 1936.

This Order came into operation on the 1st June, 1936 and revoked the Milk (Special Designations) Orders of 1923 and 1934.

The three grades of milk under this order are now "Tuberculin Tested," "Accredited" and "Pasteurised." Previously the Ministry of Health granted licences to producers of Tuberculin Tested milk; the new order states that Councils of Counties and County Boroughs shall issue these licences.

"Tuberculin Tested."

There are now 15 producers holding a "Tuberculin Tested" licence. Of this number 6 were issued by the Ministry and 9 have been issued by the County Council.

"Accredited."

The number of licensed producers of "Accredited" milk in the County on December 31st, 1935 was 258. During the year 150 more licences were issued.

Seven licensees were granted tuberculin tested licences, in 8 cases the farms were sold or the farmer died, and in 5 cases the farmer retired from business or a partnership was dissolved, leaving a total of 388 producers on the register on December 31st, 1936.

"Pasteurised."

These licences are granted by the Local Sanitary Authorities. Six such licences were issued during the year.

Supply of Milk to Elementary School Children.

The arrangements for the supply of milk to children in attendance at elementary schools in the County have continued as in former years. The milk is supplied in bottles of one third of a pint complete with disc and straw and the cost to the child is one halfpenny per bottle.

The supplies are arranged by the Agricultural Department but the source of supply must be approved by the School Medical Officer before a contract is made.

Samples are collected at regular intervals from the milk actually supplied to the schools and these are submitted to bacteriological examination at the County Laboratory. When a sample does not conform to the standard required, the Agricultural Department is notified and the producer is warned that steps must be taken to secure an improvement. If, after due warning, no improvement takes place the contract with the defaulting producer is terminated.

During the year, 503 samples of milk were collected and submitted to bacteriological examination at the County Laboratory. An analysis of the results of these examinations shows that :—

270 or 53.7% contained less than 30,000 organisms per c.c.

155 or 30.8% contained between 30,000 and 200,000 organisms per c.c.

78 or 15.5% contained more than 200,000 organisms per c.c.

and that :—

396 or 78.7% contained no B. Coli in 1/10th c.c.

41 or 8.2% contained B. Coli in 1/10th c.c. but not in 1/100th c.c.

54 or 10.7% contained B. Coli in 1/100th c.c. but not in 1/1,000th c.c.

12 or 2.4% contained B. Coli in 1/1,000th c.c.

Where it is available accredited milk is supplied to the schools and 71 per cent. of the milk supplied was of this standard. On bacteria count alone this percentage was 84.5. The amount of pasteurised milk consumed has again increased during the year. The following returns show the amount of milk supplied to the schools during the past six years.

	Dec. 1931	Dec. 1932	Dec. 1933	Dec. 1934	Dec. 1935	Dec. 1936
No. of schools receiving milk	163	174	179	201	201*	202*
					8†	9†
No. of children receiving milk	7,943	6,870	6,600	18,503	13,365*	12,981*
					693†	691†
No. of bottles supplied weekly	39,718	34,310	33,250	90,261	65,944*	64,905*
					3,032†	3,022†
No. of gallons of milk supplied weekly	1,655	1,430	1,385	3,761	2,747*	2,704*
					126†	125.5†

* Elementary. † Secondary.

The amount of milk supplied shows very little variation from last year and, as was foreshadowed in last year's report, the supply has now reached a fixed level which can be maintained but any further increase in consumption will have to be stimulated by propaganda and publicity.

The conditions governing the supply of free milk to children in schools of the County were detailed in my report of last year and no alteration in these conditions has been made.

There are at present 605 children having milk free of charge. All of these children have been examined by Medical Officers and certified to be suffering from malnutrition and to require milk.

(b) Sale of Food and Drugs Act, etc.

The County Police are responsible for the administration of the above and kindred Acts. I am indebted to the Chief Constable for the following information regarding the working of this Act during 1936 :—

429 samples were submitted for analysis, viz., 402 foods and 27 drugs. 22 samples were certified to be unsatisfactory, *i.e.*, 13 Milk, 1 Sausage, 4 Ice Cream, 3 Sago, 1 Shredded Suet.

Proceedings were taken in 6 cases (all milk). A conviction was obtained in 1 case and the costs amounted to 18/-.

SUPERVISION OF THE ACCREDITED MILK SCHEME.

The Accredited Milk Scheme, which came into operation on May 1st, 1935, originated from the report of the Milk Re-organisation Commission. It is a voluntary scheme prepared by the Milk Marketing Board and brought forward by the Milk producers themselves. It has three objects in view :—

- (a) To reduce the amount of disease in dairy herds.
- (b) To provide a pure milk supply.
- (c) To obtain, by increasing the public confidence, a greater consumption of liquid milk with consequently greater returns for the producer.

For twelve years the Milk (Special Designations) Order, 1923, had been in operation and under that order farmers could become licensed producers of Grade A or Certified milk, but as there was little demand for such milk and no guarantee that it could be sold at a higher price, the order was never popular and in Leicestershire at the commencement of the Accredited Scheme we had only 25 licensed producers.

A guarantee is now given that every Accredited producer shall receive one penny per gallon more for his milk than his non-accredited neighbour.

When a farmer makes application for a licence the County Sanitary Inspector, in conjunction with the District Sanitary Inspector, visits the farm premises and reports to the County Medical Officer whether it is reasonably probable that the milk produced at the farm in question will comply with the required standards for an Accredited licence.

If the conditions in the cowshed and dairy are not satisfactory the producer is shown where his methods, equipment, etc., are faulty and is advised what should be done to reach the necessary standard. If structural alterations are required to be carried out, a list is sent to the producer and a copy of the letter is sent to the local Sanitary Inspector.

It was found that considerable variation in the interpretation of the Milk and Dairies Order, 1926 was taking place throughout the County with the result that in some parts the farmer had to carry out extensive alterations to comply with the Order while in other parts, though the farm was in a similar condition, much less alteration was required for the same purpose.

The County Sanitary Inspector then drafted a suggested standard of requirements under the Milk and Dairies Order. This was discussed at a Meeting of the District Sanitary Inspectors and with slight alterations was mutually agreed upon. In order to obtain a standard which would be acceptable to the farming community the suggestions were submitted to several well known practical farmers and agriculturists for their observations, and were finally submitted to the County Public Health Committee

and adopted. The standards were published as a brochure entitled, "A Guide to assist Farmers and those who administer the Milk and Dairies Acts and Orders."

It is pleasing to note that this brochure has been well received throughout the Country.

"The Home Farmer," which is the official organ of the Milk Marketing Board, in its Editorial commented on the Guide as follows :—

"Official documents are often apt to puzzle the lay mind by their phraseology and farmers, anxious to qualify for admission to the Accredited Roll, may have been hesitating to take the necessary steps to put their houses in order because of their uncertainty as to what would be required of them before they could make their applications. To all these we commend a pamphlet issued by the Health Department of the Leicestershire County Council entitled, 'A Guide to Assist Farmers.' It sets out in the clearest possible way exactly what is expected of farmers in regard to their cowsheds and dairies. This Guide should be an invaluable ally in the bid that is now being made for uniformity in these matters throughout, not only the county of Leicestershire, but throughout the whole country."

Modern ideas of cowshed design are based on providing cleanliness and comfort for the cows, and ease of maintenance, and the purpose of the Guide is to indicate the main points in modernising or adapting available shedding. The District Sanitary Inspectors find it of considerable assistance in getting work done under the Milk and Dairies Order and it is found that uniformity is becoming an established fact throughout the County.

Even if the Milk and Dairies Order is uniformly applied in every area, supervision of methods is still necessary because of the human factor ; methods of production are more important than buildings. Whilst it is perfectly true that elaborate or model buildings are not essential for cleanliness in milk production, those who have had experience fully realise that well designed up-to-date buildings make work easier. Unless the producer and his employees have an intelligent appreciation of the things that matter in clean milk production they cannot be expected, day in and day out, to practise the methods that will produce the best results.

The conditions subject to which an Accredited licence is granted include the following :—

- (1) Every cow belonging to the herd has to be clinically examined by the County Veterinary Inspector once in every three months.
- (2) No animal which to the knowledge of the owner of the herd has, before its introduction into the herd, been tested with tuberculin and has re-acted to the test, to be contained in the herd.
- (3) Any animal certified as showing evidence of any disease which is likely to affect the milk injuriously to be isolated or removed from the herd.

- (4) The milk to be produced under such conditions that a sample when tested in accordance with the prescribed method, must not decolourize methylene blue within $4\frac{1}{2}$ hours if the sample is taken at any time from 1st May to the 31st October or within $5\frac{1}{2}$ hours if the sample is taken at any time from the 1st November to the 30th April. The milk must also not contain any coliform bacilli in 1/100th millilitre.

The substitution of the methylene blue reductase test for the total bacterial count is not so satisfactory from the farmer's point of view. Whatever the relative merits of these two tests for distinguishing satisfactory from unsatisfactory samples of milk, Accredited producers have become accustomed to the plate count and value the fact that it not only tells them whether their milk has or has not complied with the standard, but that it also gives them some indication as to how good or how bad the sample was and whether it was better or worse than previous samples. The figures are a definite source of interest and even of rivalry between one producer and another.

Whenever an unsatisfactory sample of milk has been submitted the producer in question is written to and asked for an explanation and the County Sanitary Inspector pays an advisory visit to try and locate the cause of the trouble. This visit is always paid at the time of milking and a sample of milk is picked up at the same time.

There have been cases where a visit has disclosed the fact that the producer has failed to maintain the standard of cleanliness that was required of him before he was granted his licence. One common failing is that the milk utensils have not been sterilized and also that the udders, flanks and tail of the cow have not been kept clipped and free from long hairs with the result that manure and mud have clung to these parts and very little attempt has been made to clean the cow before milking.

This slackening off on the part of a certain number of Accredited producers makes the work of the County Sanitary Inspector more difficult because would-be Accredited producers visit their Accredited neighbours and obtain a false impression of what is required.

It would be a great help if all the District Sanitary Inspectors could keep an eye on Accredited producers in their respective districts, as some are doing, and check any tendency they may find on the part of the producer to relax care and attention to details. One dirty udder, failure to draw the fore-milk from a single cow, and carelessness or thoughtlessness on the part of any of the employees in the cowshed or dairy, may lead to a bad sample.

It is universally recognised that thorough washing and sterilizing of all utensils used in handling milk on the farm is absolutely necessary, but there still remain some producers who are eager enough to produce clean milk but who do not attach sufficient importance to this matter.

There are two main points on which successful sterilization depends. The first is to employ a sufficient quantity of steam for a sufficient length of time. The second is to reach the right temperature and to maintain it. A temperature of 210 degrees F. must be reached and maintained for at least ten minutes.

In this County we insist on some form of steam sterilization before an Accredited licence is issued. The types used are electric sterilizers, high pressure steam boilers, non-pressure boilers and sterilizing chests, and a box fixed over an ordinary washing copper—the last is fairly satisfactory for a small herd, but many farmers find after a time that this method has many draw-backs and they invest in a pressure boiler. Of the Accredited producers, 7 use an electric sterilizer, 74 use a high pressure coal-fired boiler, 1 uses a high pressure oil-fired boiler, 267 use a low or non-pressure boiler and 59 use a sterilizing box over a washing copper.

The organization and administration of the Accredited Milk Scheme has thrown a considerable amount of additional work on the staff of the Health Department and in September, 1935 a County Sanitary Inspector was appointed. This Officer works in co-operation with the district Sanitary Inspectors.

Since the scheme commenced, 631 farmers have applied for particulars, each farm has been visited and a list of the requirements has been sent to the farmer, and a copy to the district sanitary inspector. Of this number, 408 have received a licence to produce Accredited Milk.

It is only when the premises do not comply with the Milk and Dairies Order that it is necessary to ask for alterations. Out of the last 491 farms visited it was found that 92 complied in all respects and licences were issued without any alterations being made.

During 1936 we have received 248 applications from farmers for particulars of the Accredited Scheme, 1,120 farms have been visited and inspected, of which 128 original inspections were made with the local Sanitary Inspector. Of the 515 samples of milk picked up at the farms, a large majority was collected at the time of milking.

LEICESTERSHIRE COUNTY SANATORIUM AND ISOLATION HOSPITAL, MARKFIELD.

Report by the Medical Superintendent.

	1936	1935	1934	1933
Beds provided	204	180	180	180
No. of cases on 1st January	174	214	163	111
No. of cases admitted	927	984	890	464
No. of cases discharged	889	1024	839	412
No. of cases on 31st Dec.	212	174	214	163

For the third year in succession, the resources of the County Sanatorium and Isolation Hospital have been severely tested by the demand for accommodation, although the number of beds was increased by the addition of two double-bedded shelters in the Sanatorium and by the full utilization of the Convalescent Ward in the Isolation Hospital as a separate unit with complete services.

The average number of beds occupied daily throughout the year 1936 was the highest yet recorded, being 205, *i.e.*, 124 Tuberculosis and 81 Infectious Diseases.

The epidemic of Scarlet Fever mentioned in my previous reports abated somewhat in intensity, but the appropriate ward remained overfull throughout the year; on the other hand Diphtheria increased in prevalence and was made particularly noteworthy by the outbreak of the disease in a markedly severe form in Loughborough and later in Markfield. The number of cases in the Isolation Hospital thus remained at over 90 for the greater part of the year and this, together with the further increase in the special work of the Sanatorium, has placed a great strain on the Institution.

Each Winter I have experienced considerable administrative difficulty owing to the reluctance of the more convalescent of the Tuberculosis patients to exchange their heated cubicles for the unheated and wooden "shelters." My suggestion for the erection of additional cubicles in conformity with the existing wards for early cases, will, if adopted, be of great service in this respect.

During the year the kitchen and decorative gardens have been progressively extended; the farm has produced daily over 50 gallons of milk of the highest quality and has profitably utilized the hospital swill in the rearing of porket pigs; and a Hodgkinson Automatic Stoking Plant has been installed in the Power Block.

TUBERCULOSIS.

Beds Provided		1936	1935	1934	1933
		Men 56 Women 52 Children 22	52 52 22	52 52 22	52 52 22
	Total	130	126	126	126
No. of cases on 1st January	Men Women Children	44 41 18	49 51 15	51 49 22	48 52 11
		Total 103	115	122	111
No. of cases admitted	Men Women Children	133 115 51	142 117 46	123 135 45	123 118 62
		Total 299	305	303	303
No. of cases discharged	Men Women Children	125 107 49	147 127 43	125 133 52	120 121 51
		Total 281	317	310	292
No. of cases on 31st December	Men Women Children	52 49 20	44 41 18	49 51 15	51 49 22
		Total 121	103	115	122

The number of beds provided has been increased to 130 and the average number occupied daily throughout the year was $123.64 = 95.1\%$; allowing for unavoidable delays occurring between admissions and discharges, these figures denote consistently full usage of the accommodation.

Excluding those patients who did not stay for four weeks, the average duration of treatment has increased to 160.9 days (men 156.1, women 169.6, children 155.1).

The objectives of treatment in the Sanatorium remain unchanged in the attainment of quiescence, or re-establishment of capacity for work or the amelioration of conditions for the infective and hopelessly-ill case.

All the investigations and special treatments are performed by the Medical Staff and are detailed later in this report.

In addition to the Religious Services, games and entertainments provided for the comfort of the patients, the Coalville Branch of Toc H have kindly agreed to manage a library of books, and, towards the end of the year, a cinema apparatus was purchased and regular programmes of "Talkies" are now giving very great pleasure.

Average Stay of Tuberculosis Patients during 1936.

Classification on Admission.	MEN.		WOMEN.		CHILDREN.	
	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.
Pulmonary.						
T.B. Negative	26	112	35	159	26†	165
T.B. Pos.—Group 1	3	232	1	119	—	—
T.B. Pos.—Group 2	42	162	16	183	—	—
T.B. Pos.—Group 3	42	142	42	163	1	32
Non-Pulmonary						
Bones and Joints	2	119	—	—	—	—
Abdomen	1	245	1	122	9	168
Other Organs	2	74	1	14	1	143
Glands	—	—	—	—	5	185
*Observation	4	25	8	27	5	31

* In addition 8 patients admitted for Observation were notified and retained for treatment.

† One patient admitted as T.B. Negative, but on discharge the diagnosis was not confirmed.

Artificial Pneumothorax.

This treatment, by which the diseased lung is collapsed and put to rest, has been instituted in those cases not responding to the ordinary regime. It is necessary to select the patients with great care, in view of the added strain placed on the other lung, and the collapse is maintained by refills of air at regular intervals for two or three years.

31 cases were under treatment during the year, necessitating 766 refills, as compared with 30, 23 and 17 cases in previous years.

Of these, treatment was concluded in three cases, the lung being allowed to re-expand, and the patient remains well; four patients have left the County; treatment was abandoned in two cases, and 22 cases were still receiving refills at the end of the year.

Aurotherapy.

"Gold Treatment" has been continued in certain selected cases unsuitable for collapse therapy, with a view to sterilizing the sputum and encouraging the healing of the diseased tissues. In a few cases it has been used in conjunction with artificial pneumothorax. The compounds used have been Crisalbine, a solution of which is injected directly into the blood stream, and Myocrysin, injected into the muscles of those patients whose veins are not suitable for intravenous therapy.

34 cases received this treatment, 27 by the intravenous route and 7 intramuscularly; in 10 cases the injections had to be abandoned owing to reactions or lack of proper response, and 6 had not completed the course at the end of the year.

18 completed cases come under review, 17 with T.B. Positive Sputum.
 4 became quiescent.
 9 out of 17 Positive cases became T.B. Negative.
 15 had their blood-sedimentation rate improved.
 14 gained weight during the treatment.

Blood Sedimentation Rate.

This blood test, accessory to other methods of assessing progress and outlook in the individual case, is performed as a routine measure on admission and repeated each month.

The estimation consists of setting up tubes of citrated blood, the rate of settling of the red blood cells being noted at intervals up to one hour.

1,421 estimations were carried out during 1936.

Heliotherapy.

The Artificial Sunlight apparatus comprises carbon arc and mercury vapour lamps; treatment is by carefully graduated exposures given three times a week. The number of cases, site of disease and number of exposures is tabulated below and shows an increase on the figures for the previous year.

Disease.	No. of Cases.	No. of Treatments
Abdomen	17	514
Glands	7	204
Genito-Urinary	4	187
Miscellaneous	5	111
Total	33	1016

Mantoux Reaction.

This Tuberculin skin test is performed on all children and also those adults in whom the diagnosis is in doubt. It consists of an intra-cutaneous injection like that of a Dick or Schick test, but if a negative result is at first obtained, the test is repeated with a progressively decreased dilution of the material.

64 tests were carried out, 42 being positive and 22 negative.

X-Ray Department.

Each year since the inception of the Sanatorium, the work of this department has increased. The investigations, performed by the Medical Superintendent, are made not only on the in-patients of the Hospital, but also on cases sent for diagnosis by the Tuberculosis Officers.

Screening.	In-patients	....	....	....	467
	Sent by Tuberculosis Officers	....	....	....	242
					<hr/> 709
Films.	In-patients	....	....	....	288
	Sent by Tuberculosis Officers	....	....	....	255
	Sent by Orthopædic Clinics	....	....	....	8
					<hr/> 551
Total of investigations					.... 1,260
					<hr/>

Laboratory.

Once more the Medical Staff has been called upon to carry out a very large number of laboratory examinations, the total amounting to over 5,000 as compared with 1,500 in 1933.

The number of investigations performed on sputum, etc., of Tuberculosis patients remains at about the usual level and the very material increase in the total as compared even with the previous year can be to a large extent accounted for by the epidemic of Diphtheria.

Sputum for Tubercle Bacilli	....	....	1,428
Pleural effusion for Tubercle Bacilli	....	....	5
Urine for Tubercle Bacilli	....	....	55
Cultures for Diphtheria Bacilli	....	....	4,129
Smears and pus	....	....	27
Cerebro-spinal fluid	....	....	4
Blood cultures	....	....	5
Blood counts	....	....	12
			<hr/> 5,665
			<hr/>

Types of Case and Results of Treatment.

The tabulated results set out as required by the Ministry of Health will be found at the end of this report ; below is an analysis of the 281 cases discharged during 1936.

The total is made up of 207 cases of adult pulmonary disease, 27 cases of childhood pulmonary disease, 22 cases of non-pulmonary disease and 25 cases admitted for observation.

1.—Pulmonary Tuberculosis in Adults.

Classification.	Number of Cases.	Result.		Gained Weight.	Lost Sputum or Bacilli.
		Quiescent.	Died.		
T.B. Negative	61	77%	6%	82%	—
T.B. Pos.—Group 1	4	75%	—	100%	50%
T.B. Pos.—Group 2	58	36%	5%	72%	40%
T.B. Pos.—Group 3	84	1%	38%	40%	12%

Of the total 207 cases 35% became quiescent, 62% gained weight and 19% died, although it is noteworthy that 84 were classified as Group 3. 146 were T.B. Positive and of these 24% lost their sputum or the bacilli from their sputum.

2.—Pulmonary Tuberculosis in Children.

Classification.	No. of Cases	Result.		Gained Weight.
		Quiescent.	Died.	
T.B. Negative	26*	92%	—	96%
T.B. Pos.—Group 3	1	—	100%	—

* Including two admitted for observation.

3.—Non-pulmonary Tuberculosis.

Classification.	No. of Cases.	Result.	
		Quiescent.	Died.
Bones and Joints	2 adults — children	— —	— —
Abdomen	2 adults 9 children	100% 100%	— —
Glands	— adults 5 children	— 100%	— —
Other Organs	3 adults 1 child	33% 100%	— —

The cases of Tuberculosis of “Other Organs” are made up as follows:—
1 Dactylitis of left hand, 2 Kidney, 1 Epididymis.

4.—Cases admitted for Observation and Diagnosis.

18 adults:— 6 accepted as tuberculous, retained for treatment and became quiescent: 12 discharged as not suffering from active tuberculosis.

7 children:—2 accepted as tuberculous, retained for treatment and became quiescent: 5 discharged as not suffering from active tuberculosis.

INFECTIOUS DISEASES.

	1936	1935	1934	1933
Beds provided	74	54	54	54
No. of cases on 1st Jan.	71	99	41	—
No. of cases admitted.	628	679	587	161
No. of cases discharged	608	707	529	120
No. of cases on 31st Dec.	91	71	99	41

The year was characterized by a steady heavy demand for accommodation, the decline in Scarlet Fever being more than counter-balanced by the increased incidence of Diphtheria and a small outbreak of Typhoid Fever.

The average number of beds occupied daily throughout the year was 80.92.

The average age of all patients was 11 years.

Scarlet Fever.

	1936	1935	1934	1933
No. of cases on 1st Jan.	42	87	16	—
No. of cases admitted	321	518	516	122
No. of cases discharged	334	563	445	106
No. of cases on 31st Dec.	29	42	87	16

The diagnosis was not confirmed in 4 cases, but Scarlet Fever occurred in an additional 12 cases admitted as suffering from Diphtheria.

Of the 334 cases discharged, 65 were adults and 269 were children, the average age being 11 years.

No deaths occurred.

The average duration of hospitalization was 44 days, the routine being to retain all cases till the end of the sixth week of the disease.

183 cases were considered to be in need of antitoxin treatment. Complications arising during treatment were as follows:—

Otorrhœa	21	Heart disease	3
Mastoiditis	2	Albuminuria	8
Rheumatism	3	Relapse	4

Diphtheria.

	1936	1935	1934	1933
No. of cases on 1st Jan.	28	11	23	—
No. of cases admitted	264	137	36	37
No. of cases discharged	242	120	48	14
No. of cases on 31st Dec.	50	28	11	23

The increased gravity of the disease met with during 1936 as compared with previous years is evidenced by:—

1. The longer period of treatment.
2. The much higher average dose of antitoxin.
3. The greater proportion of cases requiring antitoxin by the intravenous route.

242 cases were discharged, the disease affecting the larynx in 9 cases, fauces in 215 and nose in 10, while 8 cases were carriers.

The diagnosis was not confirmed in 7 cases, but on the other hand 9 cases were admitted with a diagnosis of Scarlet Fever, and in addition 13 cases arose during the course of treatment in patients actually suffering from Scarlet Fever.

43 cases were adults and 199 children, the average age being 11 years.

The average duration of treatment was 52 days.

230 cases were treated with antitoxin, the average dose being 50,000 units.

19 deaths occurred, 7 within 24 hours of admission and a further 7 within a few days.

Complications arising during treatment were as follows :—

Paralysis	{ Peripheral		22
	{ Heart		14
Relapse ....	....	....	3
Otorrhœa ....	....	....	2

Typhoid Fever.

5 cases were discharged, 2 having been infected by B. Typhosus in the epidemic which occurred in a south coast resort during the summer, the other 3 cases being of para typhosus B ; while a further 9 cases from one locality were admitted near the end of the year.

2 of the above 5 cases were adults and 3 were children, the average age being 12 years.

No deaths occurred and the average stay was 56 days.

Erysipelas.

8 cases were dealt with during 1936, all except one being adults, and the average age was 34 years.

In one case the diagnosis was not confirmed, one death occurred due to septic pneumonia following infection of the mouth and larynx, and the average stay was 16 days.

The disease affected the face in 5 cases and the limbs in 2 cases.

Puerperal Fever.

10 cases of this disease were treated during the year, 7 of the patients being accompanied by their infants.

The average stay in hospital was 24 days and one death occurred due to hypostatic pneumonia.

Cerebro-Spinal Fever.

2 cases were admitted but in one the diagnosis was changed to convulsions following whooping cough and death ensued.

STAFF.

The Hospital is a training school for the Fever Certificate of the General Nursing Council and for the Certificate of the Tuberculosis Association and several courses of lectures are given for the Preliminary and Final Examinations. During the year 6 successes were obtained in these examinations.

The presence or absence of immunity against Scarlet Fever and Diphtheria is ascertained in all members of the Staff by the Dick and Schick tests. When necessary the appropriate injections are given and further tests made later.

Schick Tests	76	Immunizations against Diphtheria	31
Dick Tests	72	Immunizations against Scarlet Fever	6

Medical treatment for the Staff is supplied under the National Health Insurance Scheme by the Medical Superintendent, and during the year the following ailments necessitating repeated attention occurred :—

Tonsillitis	....	....	6	Catarrhal Jaundice	1
Injuries	....	....	18	Rheumatism	.... 3
Diphtheria	....	....	1	Tuberculosis	.... 1
Miscellaneous				....	16.

The case of Diphtheria mentioned above is of some interest, occurring in a Laundress who had been Schick negative three years previously, but had returned to her post here after six months absence ; there was no appreciable toxæmia and recovery was rapid.

H. SELBY

Medical Superintendent.

Classification on admission to the Institution.	Condition at time of discharge.	Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.			Grand Totals
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	3	4	1	15	17	11	3	9	12	—	1	—	21	31	24	76
	Quiescent	1	—	2	3	4	—	1	1	—	—	—	—	5	5	2	12
	Not quiescent	2	1	—	1	—	—	—	—	—	—	—	—	3	1	—	4
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PULMONARY TUBERCULOSIS.	Class T.B. plus, Group I.	—	—	—	2	—	—	—	—	—	1	—	—	3	—	—	3
	Quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PULMONARY TUBERCULOSIS.	Class T.B. plus, Group II.	1	1	—	8	1	—	7	3	—	—	—	—	16	5	—	21
	Quiescent	3	2	—	13	4	—	9	4	—	—	—	—	25	10	—	35
	Not quiescent	—	—	—	1	1	—	—	1	—	—	—	—	1	2	—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PULMONARY TUBERCULOSIS.	Class T.B. Plus, Group III.	6	4	—	7	7	—	15	9	—	—	3	—	—	1	—	1
	Quiescent	11	10	1	2	5	—	1	3	—	—	—	—	28	23	1	51
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	14	18	1	33
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (pulmonary)		27	22	4	52	41	11	36	30	12	1	4	—	116	97	27	240

NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Abdominal.	—	—	2	—	1	5	1	—	4	—	—	—	1	1	11	13
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Other Organs.	—	1	—	1	—	1	—	—	—	—	—	—	1	1	1	2
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Peripheral glands.	—	—	—	—	—	3	—	—	2	—	—	—	—	—	5	5
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (non-pulmonary)		1	1	2	3	1	9	1	—	6	—	—	—	5	2	17	24

NOTE : The following Observation Cases (Non-Tuberculous) were also discharged during the year, M.-4. F.-8. Ch.-5

In addition 8 cases admitted for Observation were retained for treatment, and are included in the above table.

TUBERCULOSIS.

The following is the report of the Chief Tuberculosis Medical Officer:—

Prevalence of Tuberculosis.

It will be noted that the number of notifications of pulmonary tuberculosis has increased by 9 while there has been a decrease in the number of deaths by 4. The figures for 1936 are :—Notifications 222, Deaths 157, Death Rate 0.53. The average numbers of the last five years are :—Notifications 281, Deaths 199, Death Rate 0.65. The Death Rate of 0.53 is the lowest on record.

There were 64 notifications of Non-Pulmonary Tuberculosis as against 75 in 1935. The number of deaths was 34, the same as last year and the Death Rate remains practically the same being 0.11.

The total number of notifications for 1936 is therefore 286 as against 288 last year, and the deaths 191 as against 195.

DETAILS OF THE SCHEME OF TREATMENT.

A. Hospital and Sanatorium Accommodation.

Markfield Sanatorium has been practically full the whole year. The number of beds for tuberculous cases is 130 (Male block 38, Female block 34, Children's block 22, Advanced block 36 beds). The waiting list has not been so heavy as in previous years but for a certain period during the year there was a scarcity of men's beds. It is hoped that in the future there will be no long waiting for admission as there has been at times in the past. The work of Markfield Sanatorium is included elsewhere in this report in a separate account by Dr. Selby.

At Melton Mowbray Isolation Hospital there are six beds for advanced cases and these for the most part have been occupied during the past year.

Public Assistance Infirmaries.

A certain number of shelters are available for the treatment of old and chronic cases of Pulmonary Tuberculosis at these Institutions, and full use is made of them when suitable cases occur.

B. Out-Patient Dispensary Work.

For details see Table 1.

The number of attendances at the Dispensaries has been 5,170 which is an increase of 101 on the number for 1935.

X-ray photographs have been taken at Markfield Sanatorium when necessary, for cases of Pulmonary Tuberculosis. The number taken was 497 which includes 242 screenings, and this is a decrease of 60 actual photographs as compared with the previous year.

The number of specimens of sputum examined was 596, an increase of 23 on the number for 1935.

C. Domiciliary Work.

(i) *Shelters*—About 70 shelters are available for loan to patients and of this number two are in use at the Melton Isolation Hospital. The routine inspections, as heretofore, have been carried out by the County Nursing Association and during the past year 491 inspections have been made.

(ii) *Nursing of Advanced Cases*—This part of the scheme has also been carried out by the County Nursing Association, and 2,848 visits have been paid by the District Nurses.

(iii) *Extra Nourishment*—Approximately £400 has been expended on 79 patients, practically the same amount as last year. The grant is one pint of milk per day and one dozen eggs per week to each patient. There is no doubt that the addition made to the diet by this means is a real help to the patients who receive it.

(iv) *Additional Help*—The cost of splints, crutches, surgical boots, travelling expenses, etc., has entailed an expenditure of £42 on 26 patients as against £90 for 31 patients last year.

The number of cases receiving Dental Benefit has been very small for the same reason as previously obtained, namely that Dental Benefit can be obtained from Approved Societies and from other sources.

Cod Liver Oil and Malt has been given to numbers of suitable cases at all the Out-Patient Dispensaries, and there can be no doubt that this is a very valuable adjunct to the nutritional side of the treatment.

Paper handkerchiefs, sputum flasks and inhalers have also been distributed.

(v) *Domiciliary Visits*—The Tuberculosis Medical Officers have paid 1,614 (Dr. Coward 803, Dr. Lane 811) visits to patient's homes. The Health Visitors paid 5,006 and the District Nurses 2,848 visits.

D. Surgical Tuberculosis.

The following Institutions receive Surgical Tuberculosis cases (bone and joint disease) from the County :—

The Leicester City General Hospital (Orthopædic Wards).

The Warwickshire Orthopædic Hospital, Coleshill.

The Harlow Wood Orthopædic Hospital, Mansfield.

The Children's Hospital, Gringley-on-the-Hill.

The number of patients admitted to these Institutions during the year, and the numbers remaining under treatment and other information will be found in Table 2.

Other Surgical Tuberculosis Cases including Tubercular Glands, Abdomen, Kidneys, etc., are treated at Markfield Sanatorium, and the figures concerning these will be found in the Sanatorium report.

E. After-Care Work.

This work is done largely by the Tuberculosis Medical Officers, Health Visitors, District Nursing Associations, through their nurses, Public Assistance Committees and private Agency and is, I believe, satisfactorily performed so far as the present financial circumstances will allow.

As in the past many new houses have been obtained, employment of a suitable nature procured, clothing distributed and help in many other directions given in an endeavour to consolidate the treatment given in an institution and to help not only the patients but also their relatives at the same time.

F. Public Health Act, 1925 (Section 62.).

No action has been taken under this section which deals with the compulsory removal to hospital of advanced cases of Tuberculosis.

N. A. COWARD.

Chief Tuberculosis Officer.

APPENDIX.

Summary of Institutions provided by the County Council.

(1). Poor Law Infirmary :

Name of Institution.	No. of beds.	Description of Nursing Staff.
BOSWORTH PARK	107	Matron, Assistant Matron, 5 Sisters, 1 Staff Nurse, 17 Assistant Nurses, 2 Male Nurses.

(2). Poor Law Institutions :

Name of Institution.	No. of beds.	Description of Nursing Staff.
BLABY	24	1 Head Nurse, 2 Assistant Nurses.
LOUGHBOROUGH	100	1 Superintendent Nurse, 2 Trained Nurses, 11 Assist- ant Nurses.
LUTTERWORTH	8	Matron, 2 Assistant Nurses.
MARKET BOSWORTH	24	1 Head Nurse, 2 Assistant Nurses.
MARKET HARBOROUGH	50	1 Head Nurse, 8 Assistant Nurses.
MELTON MOWBRAY	48	1 Head Nurse, 1 Trained Nurse, 5 Assistant Nurses.
MOUNTSORREL....	30	1 Head Nurse, 3 Assistant Nurses.

(3). Tuberculosis Institutions.

Name of Institution.	No. of beds.	Description of Nursing Staff.
MARKFIELD SANATORIUM....	130	Matron, 9 Sisters and 9 Staff Nurses, 19 Probationer Nurses.

(4). Infectious Diseases Hospitals (other than Small-pox).

Name of Institution.	No. of beds.	Description of Nursing Staff.
MARKFIELD HOSPITAL	54	Allocated as required.
BLABY HOSPITAL	17	Matron, 2 Staff Nurses, 1 Assistant Nurse, 2 Probationer Nurses.
HINCKLEY HOSPITAL	23	Matron, 3 Nurses, 2 Assistant Nurses, 1 Probationer Nurse.
MELTON HOSPITAL	23	Matron, 2 Nurses, 2 Probationer Nurses.

(5). Small-pox Hospitals.

Name of Institution.	No. of beds.	Description of Nursing Staff.
SNARESTONE HOSPITAL	23	*Matron, 1 Staff Nurse.
SYSTON HOSPITAL	15	*1 Staff Sister.

* Additional Staff engaged as required.

T.B.1.—Return shewing the work of the Tuberculosis Dispensaries during the year 1936.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.	
	Adults		Children		Adults		Children		Adults.	
	M	F	M	F	M	F	M	F	M	F
A.—New Cases examined during the year (excluding contacts) :—										
(a) Definitely tuberculous ...	90	74	7	7	20	6	12	10	110	80
†(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	15	14
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	123	130
										17
										2
										21
										93
B.—Contacts examined during the year :—										
(a) Definitely tuberculous ...	13	14	5	8	1	1	2	1	14	15
†(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	2	5
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	43	67
										9
										3
										87
C.—Cases written off the Dispensary Register as										
(a) Recovered ...	35	32	9	12	1	3	9	2	36	35
(b) Non-tuberculous ...	...	...	...	...	...	...	...	...	180	214
										18
										147
										5
D.—Number of Persons on Dispensary Register on December 31st :—										
(a) Definitely tuberculous ...	488	489	84	73	80	68	90	74	568	557
†(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	18	21
										14
										117

1. Number of cases on Dispensary Register on January 1st, 1936 ...	1556	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	40
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	104	4. Cases written off during the year as Dead (all causes) ...	160
5. Number of attendances at the Dispensary (including Contacts) ...	5170	6. Number of Insured Persons under Domestic Treatment on the 31st December	83
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	152 758	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	1614
9. Number of visits by Health Visitors to homes for Dispensary purposes ...	5006 + 3339 Visits by C.N.A.	10. Number of :— (a) Specimens of sputum examined ... (b) X-ray examinations made ... in connection with Dispensary work	596 *497
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	3	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	487

† Remaining undiagnosed on 31/12/36.

* Includes 242 Screenings.

T.B. 2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.

Name and Situation of Institution. (1)	Class of Case and No. of Beds. (2)	Number of patients sent by the Council who were under treatment on the 31st, Dec., 1935. (3)	Number of patients sent by the Council during the year ended December 31st, 1936. (4)	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1936. (5)	Total number of days during which the patients referred to in column 5 were resident in the Institution. (6)	Average number of days which the patients referred to in column 5 were resident in the Institution. (7)	Number of patients sent by the Council who were under treatment on the 31st December, 1936. (8)
County Sanatorium, Markfield.	Male Adults (56 beds) P	45	132	125	*17938	144	52
	Female Adults (52 beds) P	39	117	107	†16252	152	49
	Children (22 beds) P	18	51	49	‡7332	150	20
Melton Isolation Hospital (T.B. Block) Melton Mowbray.	Male Adult S	—	1	1	1	1	—
	Female Adults (8 beds) AP	3	10	9	1080	120	4
Children's Hospital, Gringley on the Hill.	Children S	—	3	—	—	—	3
Harlow Wood Orthopædic Hospital, Mansfield, Notts.	Male Adults S	3	1	3	784	261	1
	Children S	4	3	3	2276	759	4
	Female Adults S	1	1	1	457	457	1
Hospital of St. Cross, Rugby.	Male Adults S	1	—	1	215	215	—
Leicester City General Hospital, Leicester.	Male Adults S	4	11	12	1589	132	3
	Female Adults S	5	9	8	2266	283	6
	Children S	10	11	12	4353	363	9
Warwickshire Orthopædic Hospital, Coleshill.	Children S	6	5	4	1317	329	7
	TOTALS	139	355	335	55860	167	159

*17 patients stayed less than 6 weeks—average stay of remainder was 163 days.

†20 " " " " " " " " " " 182 "

‡5 " " " " " " " " " " 163 "

P—Pulmonary Tuberculosis.

S—Surgical Tuberculosis.

AP—Advanced Pulmonary Tuberculosis.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1936.

Classification on admission to Institution.				Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
					Under 3 months but exceeding 28 days			3—6 months			6—12 months			More than 12 months			
					M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	3	3	1	15	18	11	3	8	12	—	1	—	75		
		Not quiescent	1	—	1	4	3	—	1	1	—	—	—	—	11		
		Died in Institution	2	—	—	1	—	—	1	—	—	—	—	—	4		
	Class T.B. plus Group 1.	Quiescent	—	—	—	2	—	—	—	—	—	1	—	—	3		
		Not quiescent	—	—	—	—	1	—	—	—	—	—	—	—	1		
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Class T.B. plus Group 2.	Quiescent	1	—	—	7	2	—	7	2	—	—	—	—	19		
		Not quiescent	1	3	—	14	7	—	9	5	—	—	—	—	39		
		Died in Institution	—	—	—	1	1	—	—	1	—	—	—	—	3		
	Class T.B. plus Group 3.	Quiescent	—	—	—	—	1	—	—	—	—	—	—	—	1		
		Not quiescent	5	2	—	6	8	—	16	9	—	—	4	—	50		
		Died in Institution	6	6	1	2	5	—	1	4	—	—	—	—	25		

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In addition 32 cases who had been admitted for observation purposes, were discharged during the year, 7 as “definitely tuberculous” and 25 as “Non-Tuberculous.”

Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent	....	....	....	....	....	12
	Not Quiescent	....	....	....	....	....	18
	Died	....	....	....	....	....	2
Abdominal :—	Quiescent	....	....	....	....	....	13
	Not Quiescent	....	....	....	....	....	—
	Died	....	....	....	....	....	—
Other Organs :—	Quiescent	....	....	....	....	....	1
	Not Quiescent	....	....	....	....	....	—
Peripheral Glands :—	Quiescent	....	....	....	....	....	5
	Not Quiescent	....	....	....	....	....	—
							51

Note.—A further 27 cases who had been in Institutions less than 28 days were also discharged during the year.

T.B. 4. TUBERCULOSIS (Pulmonary and Other).

96

Year	Number of Notifications.				Number of Deaths.			Death Rate.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1931	Lungs Other	135 33	190 66	325 99	75 16	135 30	210 46	0.62 0.13	0.74 0.16	0.69 0.15
1932	Lungs Other	133 41	185 42	318 83	93 26	132 28	225 54	0.76 0.21	0.71 0.16	0.73 0.17
1933	Lungs Other	128 31	147 51	275 82	86 15	128 26	214 41	0.70 0.12	0.69 0.14	0.69 0.13
1934	Lungs Other	126 33	148 55	274 88	77 17	106 24	183 41	0.62 0.14	0.56 0.13	0.59 0.13
1935	Lungs Other	106 36	107 39	213 75	82 18	79 16	161 34	0.68 0.15	0.44 0.09	0.54 0.12
Average for above 5 years.	Lungs Other	126 35	155 51	281 86	83 18	116 25	199 43	0.68 0.15	0.63 0.14	0.65 0.14
1936	Lungs Other	111 27	111 37	222 64	73 16	84 18	157 34	0.54 0.12	0.51 0.11	0.53 0.11

T.B. 5. TUBERCULOSIS :—Notifications and Deaths.
Shewing Age Periods.

AGE PERIODS.	NEW CASES.				DEATHS.*			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0 to 1	—	—	1	2 ¹	—	—	2	3
1 to 5	—	1	9 ¹	2 ²	—	—	3	1
5 to 15	9	8 ¹	7	6 ⁴	—	1	—	4
15 to 25	20 ⁵	44 ⁴	4	7 ³	11	19	3	1
25 to 45	56 ¹⁸	43 ¹⁵	9	11 ²	42	38	2	2
45 to 65	25 ²	15 ²	2 ¹	2	25	15	5	3
65 and upwards...	1 ³	—	2	— ²	5	1	3	2
Total	111 ²⁸	111 ²²	34 ²	30 ¹⁴	83	74	18	16

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

* 14 of the deaths were of non-notified cases.

District.	Estimated Population Mid-Year.	Population for Statistical Purposes.	NOTIFICATION OF TUBERCULOSIS.			DEATHS FROM TUBERCULOSIS.		
			Pulmonary	Attack Rate.	Non-Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.
*Ashby-de-la-Zouch	5922	5684	2	.35	1	.18	4	.70
*Ashby Woulds	3318	3297	1	.30	—	—	1	.30
*Coalville	24303	23685	4	.17	6	.25	13	.55
*Hinckley	32433	28812	37	1.28	8	.28	21	.73
*Loughborough	29863	29280	20	.68	2	.07	9	.31
Market Harborough	9501	9501	16	1.68	3	.32	14	1.47
Melton Mowbray	10830	10830	17	1.57	5	.46	4	.37
*Oadby	5231	5222	5	.96	—	—	1	.19
*Shepshed	5740	5755	6	1.04	1	.17	3	.52
*Wigston Magna	12196	12162	3	.25	1	.08	3	.25
TOTALS	139337	134228	111	.83	27	.20	73	.54
*Ashby-de-la-Zouch	14050	14950	7	.47	9	.60	4	.27
Barrow-on-Soar	37936	37959	36	.95	11	.29	29	.76
*Billesdon	6057	6066	2	.33	—	—	2	.33
*Blaby	31084	30336	16	.53	7	.23	11	.36
*Castle Donington	8132	7738	6	.78	1	.13	5	.65
*Hinckley	—	4551	1	.22	5	1.10	2	.44
†Loughborough	—	903	1	1.11	—	—	—	—
Lutterworth	10640	10640	6	.56	—	—	5	.47
*Market Bosworth	24449	24314	19	.78	3	.12	13	.53
Market Harborough	8745	8745	9	1.03	—	—	6	.69
Melton and Belvoir	17170	17170	8	.47	1	.06	7	.41
TOTALS	158263	163372	111	.68	37	.23	84	.50
TOTALS	...	...	...	...	...	...	...	.11

* From 1/4/36 altered in area and population owing to revision of boundaries

† Absorbed from 1/4/36 by adjacent districts.

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1936						ENGLAND AND WALES.		
	Urban		Rural		Whole County		Rates		
Population (Est. Mid-year, 1936) (For Statistical Purposes)	139,337 134,228		158,263 163,372		297,600				
	No.	Rates	No.	Rates	No.	Rates			
Live Births	2020	15.1	2399	14.7	4419	14.8	14.8		
Deaths (all causes and all ages)	1511	11.35	1847	11.30	3358	11.28	12.1		
„ (under one year)....	107	*53	124	*52	231	*52	*59		
„ (Zymotic)	34	0.25	25	0.15	59	0.20	....	
Deaths from :—									
Small Pox ....	....	....	....	....	....	....	....
Measles ....	....	....	1	0.006	1	0.003	0.07		
Whooping Cough	6	0.04	5	0.03	11	0.04	0.05		
Diphtheria	18	0.13	14	0.09	32	0.11	0.07		
Scarlet Fever	2	0.01	1	0.006	3	0.01	0.01		
**Diarrhoea (under 2 yrs.)	8	*3.96	4	*1.67	12	*2.72	*5.9		
							Percentages of Total Deaths.		
The seven chief causes of death were :—							Urban	Rural	Wh'le C'n'ty
Heart Disease	370	2.76	470	2.88	840	2.82	24.4	25.4	25.0
Cancer	206	1.54	235	1.44	441	1.48	13.6	12.7	13.1
Cerebral Hæmorrhage	125	0.93	110	0.67	235	0.79	8.3	6.0	7.0
Senility	87	0.65	82	0.50	169	0.57	5.8	4.4	5.0
Pneumonia	61	0.46	97	0.59	158	0.53	4.0	5.3	4.7
Phthisis	73	0.54	84	0.51	157	0.53	4.8	4.5	4.7
Congenital Debility	69	0.51	87	0.53	156	0.52	4.6	4.7	4.6

NOTES.— *The rates are calculated per thousand of the population except where marked (*) which are per thousand registered births.

**The Diarrhoea rates per thousand of the population are :— Urban 0.06 ; Rural 0.02 ; Whole County 0.04.

TABLE 2.—BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH RATES, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1936.

England and Wales, London, 122 Great Towns and 143 Smaller Towns. (Provisional Figures based on Weekly and Quarterly Returns.)

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										NOTIFICATIONS.						RATE PER 1,000 LIVE BIRTHS.	
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Pneumonia.	Diarrhoea and Enteritis (under two years).	Total Deaths under One Year.	
England and Wales	14.8	0.61	12.1	0.01	0.00	0.07	0.01	0.05	0.07	0.14	0.52	0.00	2.53	1.39	0.06	0.40	1.11	5.9	59	
122 County Boroughs and Great Towns, including London	14.9	0.67	12.3	0.01	0.00	0.09	0.01	0.06	0.08	0.14	0.45	0.00	2.18	1.31	0.05	0.38	1.10	8.2	63	
143 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	15.0	0.64	11.5	0.00	0.00	0.04	0.01	0.04	0.05	0.15	0.39	0.00	2.48	1.26	0.06	0.35	0.96	3.4	55	
London Administrative County	13.6	0.53	12.5	0.01	0.00	0.14	0.01	0.06	0.05	0.14	0.52	0.00	2.57	1.69	0.06	0.44	0.99	14.4	66	

The maternal mortality rates for England and Wales are as follows: per 1,000 Live Births

	per 1,000 Live Births			Total Births			Puerperal Sepsis		Others		Total
	“	“	“	“	“	“	“	“	“	“	“
England and Wales	“	“	“	“	“	“	“	“	“	“	“
122 County Boroughs and Great Towns, including London	“	“	“	“	“	“	“	“	“	“	“
143 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	“	“	“	“	“	“	“	“	“	“	“
London Administrative County	“	“	“	“	“	“	“	“	“	“	“
NOTIFICATIONS.— (per thousand total births)											
England and Wales	“	“	“	“	“	“	“	“	“	“	“
122 County Boroughs and Great Towns, including London	“	“	“	“	“	“	“	“	“	“	“
143 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	“	“	“	“	“	“	“	“	“	“	“
London Administrative County	“	“	“	“	“	“	“	“	“	“	“

TABLE 3.—NOTIFIABLE DISEASES.

DISEASE.	Total cases notified.	Cases ad- mitted to Isolation Hospital.	Total Deaths.
<i>Notifications returned by the Registrar General :—</i>			
Small-pox	—	—	—
Diphtheria	386	375	32
Scarlet Fever	948	787	3
Enteric Fever	15	16	—
Pneumonia	279	—	158
Puerperal Fever	9	} 15	6
Puerperal Pyrexia	31		—
Erysipelas	96	20	—
<i>Other Diseases generally notifiable :—</i>			
Ophthalmia Neonatorum	13	4	—
Tuberculosis—Lungs	225	—	157
„ other forms	68	—	34
Encephalitis Lethargica	4	2	3
Poliomyelitis	3	1	1
Cerebro-spinal Fever	1	2	1
Malaria	1	—	—
<i>Diseases notified locally :—</i>			
Whooping Cough	—	1	11
Chicken-pox	7	—	—
TOTALS	2,086	1,223	406

Figures supplied by the Registrar General are for the 53 weeks ending
2nd January, 1937.

TABLE 5.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS.

Causes of Death.	Lough- borough M.B.		Ashby-de-la Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Market Harborough U.D.		Melton Mowbray U.D.		Shepshed U.D.		Wigston U.D.		Oadby U.D.		Ashby-de-la Zouch R.D.		Barrow- upon-Soar R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Hinckley R.D.		Lough- borough R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Malton & Belvoir R.D.		Totals. U.D.'s		Totals. R.D.'s		Totals. Whole County.		
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
ALL CAUSES.	170	173	41	28	21	26	129	120	159	153	55	83	69	56	35	32	56	55	27	23	82	79	246	220	28	40	129	132	44	51	27	21	6	2	72	74	131	134	52	68	118	91	762	749	935	912	3358		
1 Typhoid and paratyphoid fevers																																																	
2 Measles																												1																1					
3 Scarlet fever						1						1																															1						
4 Whooping cough		1					1	2		1	2		1								1	2						1															5						
5 Diphtheria	5	7			1		2	2									1				2	4						1																7					
6 Influenza		1			1				1		1	2			2	1	1			1	3	1	5	7			1	2	2															14					
7 Encephalitis lethargica									1			1	1																														3						
8 Cerebro-spinal fever																																												1					
9 Tuberculosis of respiratory system	4	5	2	2		1	7	6	16	5	6	8	3	1	1	2	2	1		1	2	2	17	12	1	1	6	5	3	2	1	1			3	2	4	9	2	4	3	4	41	32	42	42	157		
10 Other tuberculous diseases		1		1			2		3	5	1		2							1	2	3	1	1			3	1		1		1			1		2	1				8	8	10	8	34			
11 Syphilis	1	1										1		1									1	1																					6				
12 General paralysis of the insane, tabes dorsalis																						2	1	1		1																			7				
13 Cancer, malignant disease	19	19	4	2		2	11	15	20	23	10	19	14	10	6	9	7	8	4	4	12	11	36	27	4	4	17	20	7	10	4	1			12	7	13	23	3	4	14	6	95	111	122	113	441		
14 Diabetes		3					1	4	2	3		1	3	2		1	1	2				2		6				1	2			1			1	1	3	1		1				16	6	14	43		
15 Cerebral hæmorrhage, &c.	11	18	4	2	1	6	8	7	13	25	7	4	6	6	1		1	4		1	7	9	11	6	4	4	10	6	1	1	2			5	7	9	8	5	5	2	8	52	73	56	54	235			
16 Heart disease	44	39	13	13	7	8	31	33	30	40	10	21	15	17	8	4	14	10	6	7	23	20	62	70	4	12	19	25	7	10	2	8	1		25	24	24	30	15	18	36	35	178	192	218	252	840		
17 Aneurysm							1															1																								3			
18 Other circulatory diseases	11	8	1	1			3		8	7	3	3	5		1	1	4	3	4		3	3	8	14			5	5	3	3					4	1	11	6	4	3	4	9	40	23	42	44	149		
19 Bronchitis	5	9	2	1	1		10	2	2	5	4	5	1	1	3		1	5	2		2	2	5	3	2	1	3	5	1	2	3				4	6	3	1	2	3	2	31	28	26	24	109			
20 Pneumonia (all forms)	13	4	4		2	1	5	4	3	3	1		5	2	1		6	5	1	1	3	4	18	6	1	1	5	1	3	4	3	2	1		4	3	10	7	6	4	11		41	20	65	32	158		
21 Other respiratory diseases		3						2			1	3				2		1				2	3			1	2		1		1			1				2	4	2	1	1	12	8	12		33		
22 Peptic ulcer	3	3										1			1		1	1				1	3	1			7	1	2		1				1								6	4	14	7	31		
23 Diarrhœa, &c. (under 2 years)							2		1			1		1	1	1	1				1	3	1																			5	3	3	1	12			
24 Appendicitis	1		1				1		4	1		1	2									1	1			1	1	1	1						2	1	2	2		1			9	2	7	7	25		
25 Cirrhosis of liver					1		1																3																				2			6			
26 Other diseases of liver, etc.		2					1		2					2		1						1	3				1	2															2		6	2	16		
27 Other digestive diseases	8	5		3		2	4	2	2			1	1				1	1	2		3	2	5	3	1	1	5	2		1	1	2			2		2	4	2	1	5	3	18	14	26	19	77		
28 Acute and chronic nephritis	5	4	5				1	1	5	5	4	2		2	1	1	1	1		1	2		13	11	2	1	4	2	1						1		5	2	1		2	2	22	17	30	20	89		
29 Puerperal sepsis		2																					1				2																			4	6		
30 Other puerperal causes										2												1		1											1												12		
31 Congenital debility, premature birth, malformations, etc.	6	8	1	1	2	3	10	9	14	6		2	3	1	1		2				2	7	9	13		3	4	7	1	1	3	2				2	2	7	4	39	30	38	49	156					
32 Senility	12	15					10	14	10	5		4	1	2	2		7	4	1		5		4	8	3	3	11	20	3	1	2	1			6	4	1	3	1	4	1	1	43	44	37	45	169		
33 Suicide	2	1					3		3			1	1	2								2	1		2	1	3	2	1		2				2	2			1	1			12	2	17	8	39		
34 Other violence	6	3	1		4		5	3	6	6	1		3	1	1	4	3	1	3	2	4	3	13	1	2	3	7	3	2	1			1		1		5	7	2	1	6	3	33	20	43	24	120		
35 Other defined diseases	13	11	3	2	1	1	11	13	12	9	5	3	3	5	3	5	2	7	3	3	7	3	20	13	1	4	13	15	3	6	3	2	1		3	10	18	11	5	7	11	8	56	59	85	79	279		
36 Causes ill-defined or unknown	1					1		1										1					2				2	2								1		2										15	
Special Causes (included in No. 35 above)																																																	
Small-pox																																																	
Poliomyelitis																																																	
Polioencephalitis																																																	
Deaths of Infants under 1 year:—																																																	
Total	7	13	2	1	2	3	19	8	18	12	1	3	4	3	2	1	6	2			3	7	16	16		5	5	8	4	3	6	3			1	3	14	11	3	2	10	4	61	46	62	62	231		
Legitimate	7	12	2	1	2	3	17	8	18	12	1	3	4	3	2	1	6	2			3	7	15	16		5	5	8	4	2	5	3			1	3	14	11	3	2	10	4	59	45	60	61	225		
Illegitimate		1					2																1																										6
LIVE BIRTHS:—Total	207	183	37	48	22	30	167	171	264	228	61	60	91	92	42	36	120	98	37	26	100	115	282	274	58	42	250	217	56	54	28	47	6	3	67	69	206	164	70	57	116	118	1048	972	1239	1160	4419		
Legitimate	203	173	35	47	21	30	161	168	254	223	61	59	88	89	41	36	116	98	37	26	98	110	277	267	56	39	244	212	56	53	25	46	6	3	64														

